



Oklahoma State Department of Education  
**Special Education Services  
Evaluation and  
Eligibility Handbook**



**OKLAHOMA**  
Education



Oklahoma State Department of Education  
**SPECIAL EDUCATION SERVICES**  
**EVALUATION AND ELIGIBILITY HANDBOOK**  
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Conducting individual and comprehensive evaluations under the Individuals with Disabilities Education Act (IDEA 2004) is crucial to accurately identifying and providing appropriate services for students. The information in this Evaluation and Eligibility Handbook should be used to guide districts in the appropriate implementation of the initial evaluation and reevaluation procedures under The Individuals with Disabilities Education Act (IDEA) and Oklahoma policies.

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## ► INTRODUCTION

Conducting appropriate comprehensive evaluations is essential, under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), to ensure students with disabilities are identified timely and to accurately determine their educational needs. This handbook is intended to assist multidisciplinary teams of educators and parents to address student needs related to the referral, evaluation, identification, and provision of special education and related services to students with disabilities. This handbook provides information on the regulatory requirements and best practices for the evaluation and eligibility process and practices for evaluating and providing special education-related services under the IDEA. The information provided in this handbook should be used in conjunction with existing state policies and federal laws and is not intended to replace any existing regulation or policy.

The Oklahoma State Department of Education, Office of Special Education Services gratefully acknowledges the time, effort, and resources given by this handbook's contributors and editors, who graciously developed this document to assist Oklahoma educators and parents to provide accurate evaluation processes and documentation under the IDEA.

## EVALUATION ACTIVITIES IN SPECIAL EDUCATION

Special education services are regulated by federal and state regulations, in conjunction with the outcomes of litigation in state, district, and federal courts. Although, at times, burdensome and contradictory, these regulations exist to standardize educational decision-making and ensure equitable access to educational opportunities. It is the responsibility of qualified examiners to ensure that professional practices complement compliance requirements for the betterment of services to children.

For information regarding when it is reasonable to suspect a student may have a disability and to request parental consent for an initial evaluation, see Appendix E., When Should We Suspect a Student Has a Disability?

Evaluations for special education services answer three questions:

1. Is the student demonstrating key indicators of an education-related disability (meets criteria for identification); AND
2. Is the nature and severity of the disabling condition adversely affecting educational progress (which includes their ability to actively and effectively participate in classroom-based, group instructional activities); AND
3. Does the student need individually-designed instructional support as a result of the disability?

The answers to these questions determine if it is necessary and appropriate to provide special education services to a student (and to determine if a district is entitled to additional resources to support the provision of these services). **To be eligible for special education services, the answer to these three questions must be “Yes.”**

**Sometimes the answer to one or more of the questions is “No.”**

- When all the required information is compiled, reviewed, and analyzed, a multidisciplinary team may find that the student is not demonstrating the key indicators to be identified as a student with a disability.
- It is also possible that the student may be demonstrating the key indicators of an education-related disability but not be experiencing significantly severe adverse effects on educational progress.
- Finally, the multidisciplinary team may determine that a student does not need specially designed instruction and that his or her educational needs may be adequately addressed through general education accommodations and resources.

**When a student is found not eligible for the specially-designed instructional services available through special education.** It is necessary and expected that the multidisciplinary team recommends how the student's needs can be addressed through the general education program. (These recommendations are documented on the MEEGs form.) Options to be considered include:

- Consideration of eligibility/need for a 504 accommodation plan.
- Continue general education intervention services that may include.
  - Targeted academic skill instruction to help the student acquire the skills needed to work in and master grade-level curriculum.
  - Positive behavior supports to help the student acquire more effective classroom behaviors that support active engagement in classroom instruction.
- Implementation of differentiated instructional opportunities available through classroom instruction.

Information obtained through the completion of an eligibility evaluation should help the team determine the **most appropriate** supports and services for a student, those that can be provided through the general education program, and those that can only be provided through the application of Special Education supports and services. The multidisciplinary team is compelled to determine the Least Restrictive Environment necessary to address the student's educational support needs. If a student's needs can be addressed with differentiated instruction and accommodations within the general education program, Special Education services should be considered too restrictive and not necessary/appropriate at that time. **A student's need for more individualized support (through differentiated classroom instruction, short-term skill remediation and intervention, or individually-designed instruction) is the shared responsibility of all working in the district's educational program.**

Special education services begin with an eligibility determination based on a comprehensive, individually-designed evaluation. Decisions about a student's eligibility and need for special education services are based on valid and reliable data collected by qualified professionals and analyzed by a multidisciplinary team. Evaluation activities include reviewing existing data, interviewing those who know the student (including the student), observing the student in a variety of settings, and testing/assessing to collect specific data about the nature and severity of skill deficits that could be contributing to a student's poor progress towards educational goals.

**The evaluation procedures described in the following pages have three purposes:**

1. To improve and maintain the quality of data considered by the student's team;
2. To clarify the specific criteria for disability determination; and
3. To enhance the quality of services recommended to address student's educational needs.

## **TEAM MEMBERS FOR PARTICIPATION IN SPECIAL EDUCATION DECISIONS**

The Oklahoma State Department of Education has developed a process for school districts to consider the need for assessment, develop a multidisciplinary team, document assessment data, and develop Individualized Education Programs (IEPs) for students who qualify for services. As stated in the federal law, this process must be done in a multidisciplinary context. The following table outlines the team members needed to participate in special education decisions with regard to the Review of Existing Data (REDs), Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS), and IEP meetings.

**TEAM MEMBERS NEEDED TO PARTICIPATE IN SPECIAL EDUCATION DECISIONS**

TEAM MEMBERS	REDS	MEEGS	IEP
<p>Student’s Parents or Adult Student (if Rights Have Transferred).</p> <p>A “parent” includes:</p> <ul style="list-style-type: none"> <li>• Biological or adoptive parent(s)</li> <li>• Judicially decreed guardian (does not include State agency personnel if the student is a ward of the state).</li> <li>• Surrogate parent appointed by the LEA.</li> <li>• Person acting in place of a parent (grandparent, stepparent, or other relative with whom the student lives, persons who are legally responsible for student’s welfare)</li> <li>• Foster parent (when natural parent’s authority to make educational decisions for their student has been suspended/terminated by law) who has no interest (i.e., financial) that would conflict with the interests of the student</li> <li>• If more than one biological or adoptive parent meets the definition of parent, the biological or adoptive parent may serve as the parent in the IEP process unless a judicial decree identifies a single person to make educational decisions for the student</li> <li>• Adult student- student with a disability who is 18 years of age or older whose special education rights have transferred under the Individuals with Disabilities Education Act (IDEA). (The parent may attend the IEP meeting at the invitation of the adult student or the LEA. The LEA must notify the adult student prior to the meeting).</li> </ul>	X	X	X
<p>Special Education Teacher/Provider</p> <ul style="list-style-type: none"> <li>• Participates in the development of the IEP.</li> </ul>	Review	X	X
<p>Local Education Agency (LEA) Administrator</p> <ul style="list-style-type: none"> <li>• Qualified to provide or supervise the provision of special education services.</li> <li>• Have the authority to allocate resources in the LEA as outlined in the IEP.</li> <li>• Must be knowledgeable about the general education curriculum and the availability of the LEA’s resources.</li> </ul>	Review	X	X





<p>Regular Education Teacher of the Student</p> <ul style="list-style-type: none"> <li>• Must serve as a member of the student’s IEP team, if the student is, or may be, participating in the general education environment.</li> <li>• Responsible for implementing a portion of the IEP if the student is, or may be, participating in the general education environment.</li> <li>• Participates in the development of the IEP.</li> <li>• Designees at the preschool level may include a care provider, Head Start teacher, or community preschool teacher if that person meets State and/or national licensing standards currently providing preschool services to non-disabled preschool students.</li> <li>• The LEA may designate which teacher or teachers will serve as IEP team member(s) when a student has more than one regular education teacher. The IEP team is not required to include more than one regular education teacher of the student.</li> </ul>	Review	X	X
<p>Qualified Examiner</p> <ul style="list-style-type: none"> <li>• Attends to explain the results, the instructional implications, and the recommendations of an evaluation.</li> <li>• Qualifications of such member(s) of the team will depend on the types of assessment(s) administered. Refer to the Professional Assessment Competency Areas table on <a href="#">p. 11</a>.</li> <li>• Related service examiners (i.e., occupational therapists, physical therapists, SLPs, etc.) may be excused from MEEGS meetings. If they are unable to attend, arrangements should be made for an explanation of testing results to be provided to parents. However, best practices indicate that all qualified examiners should participate in the MEEGS meetings.</li> </ul>	X	X	As Needed
<p>Child/Student</p> <ul style="list-style-type: none"> <li>• Included as a member of the IEP team whenever appropriate.</li> <li>• The student must be invited upon turning 16 years of age or prior to the 9th-grade year, whichever comes first.</li> </ul>	As Indicated	As Indicated	As Indicated

<p>Representative of Transition Agency(s)</p> <ul style="list-style-type: none"> <li>Invited to be a member of the IEP meeting if transition services will be discussed and likely to be responsible for providing or paying for transition services.</li> <li>Steps should be taken to obtain participation from the agency in transition planning, even if a representative does not attend.</li> <li>Requires parent consent</li> </ul>	As Needed	As Needed	As Needed
<p>Part C Coordinator (SoonerStart Representative)</p> <ul style="list-style-type: none"> <li>May participate at the request of the parent.</li> <li>The student previously was served under Part C and transitioning to Part B</li> </ul>	As Needed	As Needed	As Needed
<p>Other Representatives</p> <p>At the discretion of the parent or LEA, other individuals who have knowledge or special expertise regarding the student. The determination of the knowledge and expertise of the individual must be made by the party who invited the individual to be a member of the IEP Team.</p>	As Needed	As Needed	As Needed

## REVIEW OF EXISTING DATA

As part of the initial evaluation and as part of a reevaluation, the multidisciplinary team must review existing data for the student. This data includes evaluations and information provided by parents, current classroom-based, local, or state assessments, classroom-based observations, and observations by the local education agency (LEA) staff, and the student’s response to scientifically evidence-based interventions (if the suspected category is Specific Learning Disabilities). The multidisciplinary team will document this data on the REDs form and conduct a review of the existing data. The review can be conducted without a meeting; however, most LEAs have implemented practices that require a multidisciplinary team meeting to conduct the review. There must be a determination of whether or not additional data will be needed based on the review of data and input from the student’s parents.

- No Additional Data is Needed.** If the group determines that no additional data are needed to determine whether the student is a student with a disability and to determine the student’s educational needs, the LEA must notify the parents:

  - Of the determination and the reasons for it; and
  - The right of the parents to request an assessment to determine whether the student is a student with a disability, and to determine the educational needs of the student.

OR

- Additional Data Needed.** If additional data are needed, the group must ensure that parental consent is obtained and that all data is collected within the evaluation timeline. The procedures used to collect the data must be described in the Written Notice.

Evaluation information from outside school agencies should be considered as part of the REDs process. The multidisciplinary team will need to determine if the evaluation information is sufficient to determine eligibility for special education services or if additional information may be necessary to make that decision within the appropriate timeframe.

## QUALIFIED EXAMINERS AND PROFESSIONAL EVALUATORS

A qualified examiner synthesizes assessment data to help the team determine if the key indicators in one or more of the thirteen disability categories are met. Please see each category described in this document for information on certified professionals who would be considered qualified examiners for specific disability categories. Within the context of comprehensive evaluations for special education services, different professional evaluators may contribute to the evaluation process by assessing the identified areas of concerns within their professional competency areas (see: Professional Assessment Competency Table). Assessments and other evaluation materials must be administered by qualified professionals in conformity with the instructions provided by the test publishers. The evaluators must have the proper training to **administer tests** and **interpret** results, which generally includes adequate graduate coursework combined with supervised experience. Oklahoma has identified sixteen areas for assessment, described on the Special Education Parent Consent Form. Based on general training and expertise areas for each professional role, the following table was developed to provide guidance to schools in identifying which professionals are competent to assess the different components of a comprehensive evaluation. Please note that an individual professional may have additional certifications and training in an area not indicated in this table.

PROFESSIONAL ASSESSMENT COMPETENCY AREAS									
PROFESSIONAL EVALUATOR**									
EVALUATION COMPONENTS	Hearing Specialist	Vision Specialist	Nurse	Occupational Therapist	Physical Therapist	School Psychologist	School Psychometrist	Speech Language Pathologist	Special Education Teacher
Health/ Medical*	X	X	X	X	X	X	X	X	
Vision		X	X						
Hearing	X		X screening					X screening	
Motor				X	X				
Communication/ Language						X	X	X	
Academic Achievement						X	X		X
Intellectual/ Cognitive						X	X		
Perceptual/ Processing				X		X	X		
Developmental	X		X	X	X	X	X	X	X
Psychological, Social/ Emotional						X			
Functional Behavior						X	X	X	X

Adaptive Behavior						X	X		
Sociocultural						X	X	X	
Observations in Classroom	X		X	X	X	X	X	X	X
Vocational						X	X		
Assistive Technology	X			X	X			X	

**Note:** \*Health/Medical information should be gathered and interpreted by specialists based on their area of expertise  
\*\*Standardized evaluation tools also have qualified examiners’ credentials designated by the test publishing company.

### **RESPONSIBLE REPORTING OF EVALUATION DATA**

As part of the multidisciplinary evaluation process, the multidisciplinary team will complete the MEEGS with all obtained evaluation data. The MEEGS narrative should be the section that is used to provide a summary of the current evaluation. **All qualified examiners that gave an assessment during the evaluation should contribute to the narrative.**

If an assessment is given, it should be reported unless the assessment session was deemed to be invalid. In this case, the qualified examiner would need to describe why the assessment was not valid. All evaluation data should be used to help determine a student’s strengths and areas of need. Construct irrelevant influences (e.g., impulsivity, poor sleep, and noncompliance) should be considered during the assessment process. If a subtest is thought to be invalid because of a construct-irrelevant influence, the administration of a separate test is likely warranted. The narrative should include details about the student’s performance in the evaluation relevant to the suspected disability category and how this information could be used to determine specially designed instruction. Or in the event that a student does not need specially designed instruction, the narrative should include how his or her educational needs may be adequately addressed through general education accommodations and resources.

Qualified examiners should administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research or evidence of the usefulness and proper application of the techniques. Selected assessment instruments should have validity and reliability that has been established for use with members of the population tested. When such validity or reliability has not been established, qualified examiners describe the strengths and limitations of test results and interpretation. Qualified examiners should use assessment methods that are appropriate to an individual’s language preference and competence unless the use of an alternative language is relevant to the assessment issues.

<b>WHAT SHOULD BE REPORTED WITH ASSESSMENT RESULTS?</b>		
<b>ITEM TO INCLUDE</b>		<b>DEFINITION/CONSIDERATIONS</b>
Essential	Assessment Description	A brief description of the assessment conducted.
	Standard Scores	Transformed raw scores with predetermined means and standard deviations. Examples include: standard scores, scaled scores, T-Scores, Z-scores.  It may also be appropriate to include a confidence interval to assist with educational decision-making and an explanation of what a confidence interval means.
	Percentile Ranks	Derived score that determines position relative to standardization sample.
	Descriptions/ Interpretations/ Classification	Explain what score descriptions mean.
	Composite Scores	These scores are more reliable than individual subtest scores, and only reporting these would be a minimum requirement. Best practices would support reporting all subtest scores.
	Modifications to Standardization	Include a description of any modifications made to a standardized assessment, as well as if a student's behavior or attitude during the session negatively impacted the results.
Potentially Useful	Raw Scores	In some cases, it would be appropriate to report raw scores; however, if the assessment is standardized, the standard scores should be reported and not the raw scores.
	Age and Grade Equivalents	Scores which are determined by the average score obtained on a test by members of the same age or grade groups. These scores are psychometrically impure and should never be reported alone. Caution should be used when reporting and interpreting these scores.
	Other Score Types from a Specific Assessment	There are some assessments that have score types that do not fit the above classifications. The qualified examiners should use their judgment and training to determine what information should be reported.

## CONSIDERATION OF OUTSIDE EVALUATION RESULTS

When a parent submits an evaluation report from a professional who is outside the school system, the multidisciplinary team must consider the outside evaluation data and document the information from the outside evaluation on the REDS form, and complete the review of data process.

<b>CONSIDERATIONS FOR DETERMINING IF ADDITIONAL DATA IS NEEDED</b>	
<b>CONSIDERATION</b>	<b>EXPLANATION</b>
<b>Qualifications of Person Conducting the Evaluation</b>	The qualifications of the professional conducting the assessment will typically align with the qualified examiner table outlined in this document. For example, a private practice Occupational Therapist may produce an evaluation report on the student's motor and perceptual processing skills. Licensed psychologists will generally have the same qualifications as School Psychologists. The team should use caution when reports are submitted from professionals that do not align with the qualified examiner table. For example, Occupational Therapists do not typically conduct evaluations of cognitive or academic ability. If the school receives a report in which there are questions regarding the qualifications of the examiner, the next step will be to evaluate how well the new data matches existing school data to confirm the validity of the assessment results.
<b>Applicability of Data to School Setting</b>	Since outside evaluations are conducted outside the school setting, there are sometimes discrepancies between the evaluation data and the existing school data. When the new evaluation data is inconsistent with what has been observed and measured in the school setting, the team may consider the collection of additional data to confirm the student's current school functioning.
<b>Medical Diagnoses versus School Eligibility for Services</b>	Private practice professionals may utilize the medical Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) to make determinations about the student's diagnosis and need for treatment. However, IEP teams will need to make decisions regarding the need for additional assessment and eligibility for services based on the IDEA categories outlined in this handbook. Therefore, although a student may have a diagnosis of a specific disorder based on the DSM-5 criteria, they may not be eligible to receive special education services within the school setting. The student will need to meet the IDEA eligibility criteria listed below for the specific category being considered.

<b>RECOMMENDED STEPS FOR REVIEWING OUTSIDE EVALUATION DATA</b>
<ul style="list-style-type: none"> <li>• Provide a copy of the report to the qualified examiner at the school that most closely matches the qualifications of the professional who conducted the evaluation. For example, Speech-Language Pathologists should review reports from outside Speech therapists.</li> </ul>
<ul style="list-style-type: none"> <li>• The school's qualified examiner(s) should provide the scored data into the assessment section of the Review of Existing Data for their qualified area. For example, updated IQ scores in the Intellectual/Cognitive assessment area.</li> </ul>
<ul style="list-style-type: none"> <li>• The school team will review the new information as it relates to the existing information and the suspected eligibility category</li> </ul>
<ul style="list-style-type: none"> <li>• For any required evaluation components not included as part of the outside evaluation team and not already documented in the student's records, the team will need to obtain additional data.</li> </ul>

- For any required evaluation components that do not match the current school functioning and existing data, the school will need to consider if additional data is necessary to confirm functioning. If the school has recently conducted assessments, then it may not be necessary to obtain new data.
- If all required evaluation components are included in the outside evaluation, and the data is consistent with the student's functioning at school, then the team may proceed without collecting additional data.

## ► GENERAL EVALUATION CONSIDERATIONS

The following pages of this manual will outline the evaluation considerations for each of the thirteen categories of special education services. Each of these considerations is discussed in terms of the sixteen evaluation components outlined by the Oklahoma State Department of Education on the Special Education Parent Consent form. For a summary of required evaluation components by disability category, see Appendix C. Overview of Evaluation Components by Disability Category.

Below are considerations for the team when selecting areas to evaluate for an individual.

### *Health/Medical*

- The Health/Medical component of the evaluation includes information regarding the child's health/medical history, current health/medical status, or medical diagnostic evaluation(s) to determine a medically related disability.
- Medical information from a licensed physician, physician assistant, psychiatrist, psychologist, or advanced registered nurse practitioner (ARNP) can be an important component in the evaluation for special education services, especially when a developmental or medically related disability is suspected.
- The OSDE Medical Report (see <https://sde.ok.gov/sde/sites/ok.gov.sde/files/SpecEd-MedReport.pdf>) may be completed by outside providers at the request of the multidisciplinary team (and with written parent consent using the Authorization for Release of Information Form, see <https://sde.ok.gov/sde/sites/ok.gov.sde/files/Confidential%20Release.pdf>) to gather additional health/medical information.
- Medical information and health history will also be essential when a student's condition is such that medications and medical/psychiatric treatments are prescribed. However, a parent is not required to release this information.
- A medical diagnosis does not automatically qualify a student for special education services under IDEA. The multidisciplinary team should consider the diagnosis as a component of the comprehensive evaluation. For example, an outside diagnosis under DSM-5 criteria does not automatically result in qualification under IDEA; however, an outside diagnosis may inform intervention strategies, suggest additional data necessary for a comprehensive school-based evaluation, or identify possible services/supports.
- If an LEA believes a medical evaluation is warranted as part of the determination of eligibility or continuing provision of special education services, the LEA must seek parental consent before such evaluation is provided. The evaluation must be provided at public expense or at no cost to the parent.
- A student should not be denied a medical evaluation if it is needed to clarify a student's educational needs or inform eligibility for special education services. Any available insurance may be used to offset the costs of the evaluation with parent consent.

### *Vision*

Information regarding visual acuity, field of vision, and vision functioning are necessary to determine a vision-related disability.

### ***Hearing***

Information regarding hearing functioning and the extent of hearing impairment is necessary to determine a hearing-related disability.

### ***Motor***

Motor components include information regarding gross and/or fine motor skills and abilities in relation to educational needs.

### ***Communication/Language***

- Communication/Language components include information regarding speech skills (articulation, voice, fluency, and oral-motor) and/or receptive and expressive language skills (phonology, morphology, syntax, semantics, and pragmatics).
- Evaluation of the student's ability to communicate with others is essential, including general developmental and functional levels in communication/language, preferred modalities for receptive and expressive language, and acquisition of new language skills.

### ***Academic Achievement***

- Present levels of performance in the general curriculum, academic performance, achievement (in meaningful contexts), and/or age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.
- Obtain and consider information about factors that impact educational performance, such as educational history, attendance, classroom engagement/participation, and student classroom behaviors/study skills.

### ***Intellectual/Cognitive***

- Intellectual/Cognitive components include information regarding overall mental ability and cognitive functioning.
- Assessment selection should be informed by data collected in other evaluation areas (i.e., interview, observations, social interactions, screeners, speech-language testing, etc.).
- For children with severely limited abilities and/or impaired functional communication skills, standardized, individually administered cognitive assessments may not adequately capture their strengths and needs. In such cases, the team should consider other assessment options.
- Discrepancies between past scores should not be used to invalidate the overall IQ. At this time, the overall IQ is considered to be the best estimate of a student's intellectual/cognitive functioning.

### ***Perceptual Processing***

Perceptual processing components include information regarding the student's ability to perceive or process information through visual, auditory, and sensorimotor means

### ***Developmental***

- Developmental components include information regarding the child's developmental history, skills, and abilities in relationship to age-based expectations.
- When evaluating for Developmental Disability category, procedures must evaluate all five domains of developmental functioning (adaptive, cognitive, communication, social/emotional, and physical).



### ***Psychological, Social/Emotional***

- Psychological and social/emotional components include information regarding the student’s social skills/emotional status, psychological concerns, and behavior.
- Important information may include data collection, rating scales, behavioral observations, interviews, and personal inventories.
- Gathered information should include how the individual student relates to their peers.
- Functional Behavior Assessment (FBA)
- Due to the complex nature of variables associated with behavioral assessments, individuals who conduct FBAs should have training on data collection and behavioral assessment.
- FBAs include specific, observable, and measurable definitions of problem behaviors impacting student participation, performance, and educational progress.
- Data are collected (e.g., behavioral observations and intervention progress monitoring) to hypothesize the function(s) of the problem behavior and select age-appropriate targets (replacement behaviors). Relevant data to collect may include:
  - Triggering antecedents, setting events
  - Reinforcing consequences for the problem behavior
- An FBA may be completed independently from a comprehensive evaluation in certain situations, including the need to develop a Behavior Intervention Plan (BIP). A BIP may include:
  - Antecedent strategies
  - Instructional strategies (alternative skills to be taught)
  - Skill-building/reinforcement strategies
  - Corrective consequences (reductive strategies, if needed)
- For additional information, see Appendix H. Guidance for Assessing Challenging Behaviors.

### ***Adaptive Behavior***

Adaptive Behavior components include information regarding the student’s level of functioning and general behavior in school and home settings. This data includes adaptive behavior ratings, behavioral observations, and parent/teacher reports of adaptive functioning across environments. For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Sociocultural***

- Consideration of environmental or economic factors includes information related to educational history (including school enrollments, attendance records, and repeated grades) and family background.
- Consideration of cultural factors includes information related to family background and native language or mode of communication and English proficiency.
- Evaluation of culturally and linguistically diverse students should be conducted in the student’s dominant spoken language or alternative communication system.
- All student information should be interpreted in the context of school expectations with consideration given to the student’s socio-cultural background and their home and neighborhood setting.
- The use of evaluations printed in the student’s native language is preferred, and an evaluator fluent in the student’s dominant language is more valid and reliable than an interpreter (when possible).

### ***Observations in Classroom/Other Environment***

- The student must be observed in his or her learning environment (including the regular classroom setting) to document academic performance and behavior in the area(s) of difficulty.
- Information from observation during routine classroom instruction or monitoring of the student's performance conducted before the request for an evaluation may be used as existing data.
- If new information is needed, parent consent must be obtained for the evaluation. An evaluation team member should conduct an observation of the student's academic performance and behavior in the student's learning environment.
- If a child is less than school age or not in school, an observation of the child in an age-appropriate environment is required.

### ***Vocational***

Vocational components include assessments of student interests, aptitudes, and skills.

### ***Assistive Technology***

Assistive technology components include assessments of a student's need for assistive technology support and informs the team which tools may be most effective. This component may be required as a part of the student's special education, related services, supplementary aids, and services on a case-by-case basis.

### ***Other (Intervention Documentation)***

- Intervention documentation should include a descriptive summary of the instructional or behavior change strategies implemented to address student skill deficits, including
  - (1) A definition of targeted skill deficit/behavior and expected level of performance;
  - (2) A description of research-based strategies selected to teach the target skills/expected behaviors;
  - (3) An implementation plan (including frequency and duration of instructional strategies);
  - (4) The plan for monitoring growth in skills/change in behavior at regular intervals over the duration of the intervention; and
  - (5) The outcomes of intervention activities (changes in the level of performance or behaviors resulting from intervention activities).

For a sample of how to document this information within the Review of Existing Data (RED) form for SLD, see Appendix A. Example RED/MEEGS Intervention Documentation.

- Documentation should also include a description of antecedent strategies (accommodations) used to support skill growth/prompt expected behaviors as well as consequent strategies (reinforcements and corrective feedback) provided to shape learning and generalization of targeted skills/expected behaviors.
- Intervention integrity should be addressed through verification that intervention strategies were implemented/delivered by qualified personnel as planned.

**AUTISM**

**DEFINITION**

34 CFR § 300.8 Child with a disability.

(c)(1)(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

(Authority: 20 U.S.C. 1401(3); 1401(30))

**QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR AUTISM**

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- **School Psychologist (Qualified Examiner)**
- Speech-Language Pathologist
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

**COMPONENTS OF A COMPREHENSIVE EVALUATION**

REQUIRED	RECOMMENDED	AS NEEDED
<ul style="list-style-type: none"> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Psychological, Social/Emotional</li> <li>• Adaptive Behavior</li> <li>• Observation in Classroom/Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Perceptual Processing</li> <li>• Sociocultural</li> <li>• Other Intervention Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Motor</li> <li>• Intellectual/Cognitive</li> <li>• Functional Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

A medical diagnosis of Autism Spectrum Disorder is not required to determine whether a child is eligible for purposes of special education and related services under the IDEA. Licensed psychologists and certified school psychologists are qualified to conduct components of a comprehensive evaluation to determine eligibility under the category of Autism.

### ***Communication/Language***

- Evaluation of the student's ability to communicate with others is essential, including general developmental and functional levels in communication/language, preferred modalities for receptive and expressive language, acquisition of new language, and speech prosody.
- The evaluation should include assessment of both semantic and pragmatic use of language, including skills such as topic management (initiating, maintaining, and terminating relevant, shared topics), turn-taking, and providing appropriate amounts of information in conversational contexts.
- In some cases, evaluation of the student's ability to communicate with others is essential before assessment in other areas. Communication/language assessment results can assist in the determination of appropriate intellectual/cognitive assessments or autism-specific assessments (such as selecting the appropriate ADOS-2 module).

### ***Academic Achievement***

See General Evaluation Considerations, which starts on [p. 15](#).

### ***Intellectual/Cognitive***

- The impact of a student's functional communication and basic language skills on score validity should be considered.
- Nonverbal instruments should be used for students who are nonverbal or have severely limited vocabulary and language skills.
- Also, see General Evaluation Considerations, which starts on [p. 15](#).

### ***Developmental***

A thorough assessment of a student's developmental history, skills, and abilities in relation to expectations for the age group is an important component of determining if a student is displaying characteristics consistent with Autism.

### ***Adaptive Behavior and Psychological/Social/Emotional***

- Assessment in both the home and school setting (or other age-appropriate settings as needed) of adaptive and psychological/social-emotional behaviors are important to inform the student's functional performance and unique needs.
- Consideration should be given if the student is displaying any restrictive and repetitive patterns of behavior.
- Assessment should include a measure of the student's social interactions.
- For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Functional Behavior***

A functional behavior assessment is not required for an Autism evaluation; however, many students with Autism display maladaptive behaviors that benefit from a behavioral intervention plan developed based on the results for the Functional Behavioral Assessment. For additional information, see Appendix H. Guidance for Assessing Challenging Behaviors.

### ***Sociocultural***

Cultural and linguistic factors should be considered, as they relate to the child's development of social skills.

### ***Observation in Classroom/Other Environment***

- Assessment should include direct observation of student's social and behavioral functioning, preferably in multiple settings (i.e., unstructured, structured, in the classroom).
- Appropriate social behaviors to observe may include nonverbal behaviors (eye contact/gaze, facial expressions, gestures, physical proximity, joint attention), peer relationships (frequency and quality of peer interaction), and social reciprocity (approaching others, sharing about interests, taking turns in conversation, tolerating changes in topic or interests of others, showing awareness of others).
- Other behaviors to observe include preoccupations (repetitive interest in objects, parts of objects, topics, or unusual themes beyond developmentally appropriate levels), rigidity (ritualistic actions or behaviors and difficulty with change or transitions), stereotyped or repetitive motor/vocal behaviors (such as flapping, rocking, pacing, picking, chewing, self-injurious behavior, humming, or other vocalizations), and unusual responses to sensory stimuli (such as under- or overreaction to pain/heat/cold, sounds, textures, smells, or lights).

## **KEY ELIGIBILITY INDICATORS**

- Communication and social interaction weaknesses that adversely affect educational performance should be documented.
- Other characteristics often associated with autism are engaged in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
- Sensory challenges alone are not sufficient to identify a student with Autism; however, the absence of sensory challenges does not exclude a student from meeting Autism eligibility criteria.
- Limited English Proficiency (LEP) must not be the determining factor.
- Autism does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance.

## ► DEAF-BLINDNESS

### DEFINITION

34 CFR § 300.7 Child with a disability.

(c)(2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(Authority: 20 U.S.C. 1401(3)(A) and (B); 1401(26))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR DEAF-BLINDNESS

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner)
- Hearing Specialist
- Vision Specialist
- Speech-Language Pathologist
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

### COMPONENTS OF A COMPREHENSIVE EVALUATION

REQUIRED	RECOMMENDED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Vision</li> <li>• Hearing</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Sociocultural</li> <li>• Observation in Classroom/ Other Environment</li> <li>• Assistive Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Motor</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological, Social/ Emotional</li> <li>• Functional Behavior</li> <li>• Vocational</li> </ul>

### CONSIDERATIONS FOR THE EVALUATION COMPONENTS

#### *Health/Medical*

- Information regarding specific syndromes and special health problems, the student's hearing and vision, and the long-term medical prognosis for the student should be collected and considered.
- An essential component of the assessment is an ophthalmologist or optometrist's report stating the diagnosis and description of the child's visual problems. The report should include an indication of visual acuity, field of vision, and a statement of visual functioning.
- An essential component of the assessment is an otolaryngologist's (ENT) or audiologist's report stating the diagnosis and description of the hearing functioning.

- When no response to the visual and hearing stimuli can be elicited from the student, a physician's report or existing medical records could fulfill this portion of the evaluation.

### ***Communication/Language***

See General Evaluation Considerations, which begin on [p. 15](#).

### ***Academic Achievement/Developmental***

- Assessments selected and administered must accurately reflect the student's achievement level rather than reflecting the student's hearing and visual impairments.
- Evaluation data may be from standardized assessments, developmental levels, or from curriculum and functional skills-based assessments.

### ***Adaptive Behavior***

- Adaptive behavior skills should be assessed in a manner that must reflect the ability of the student to compensate for the loss of hearing and vision in a variety of settings.
- This information may be gathered by a hearing and/or vision specialist and should include auditory and visual functioning, as well as the student's mode of communication.
- Structured observations, which include considerations for hearing and vision in the educational setting, may be utilized.
- For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Assistive Technology/ Other Considerations***

- Depending on the individual student, the team should consider assistive technology, communication, and Braille instruction needs.

## **KEY ELIGIBILITY INDICATORS**

- To qualify, students must meet one of the following conditions under the degree of vision loss, and one of the conditions listed under hearing loss, as listed below.
  - **Degree of Vision Loss**
    - Low Vision (visual acuity of 20/70 to 20/200),
    - Legally Blind (visual acuity of 20/200 or field restriction of 20 degrees or less),
    - Light Perception Only,
    - Totally Blind,
    - Cortical Visual Impairment – CVI,
    - Diagnosed Progressive Loss,
    - Documented Functional Vision Loss,
  - **Hearing Loss**
    - Slight (16-25 dB loss),
    - Mild (26-40 dB loss),
    - Moderate (41-55 dB loss),

- Moderately Severe (56-70 dB loss),
  - Severe (71-90 dB loss),
  - Profound (91+ dB loss),
  - Diagnosed Progressive Loss,
  - Documented Functional Hearing Loss,
  - Cochlear Implants,
  - Auditory Neuropathy,
  - Central Auditory Processing Disorder,
- A combination of concomitant hearing and vision impairments that cause severe communication and other developmental and learning needs that cannot appropriately be met in special education programs provided solely for students with deafness or with blindness.
  - The IEP team must consider any medical documentation in the eligibility determination.

## ► DEVELOPMENTAL DELAYS

### DEFINITION

34 CFR § 300.7 Child with a disability.

(b) Children aged three through nine experiencing developmental delays. The term child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111 (b), include a child

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

physical development, cognitive development, communication development, social or emotional development, or adaptive development.

(Authority: 20 U.S.C. 1401(30))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR DEVELOPMENTAL-DELAY

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include, but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner)
- Occupational Therapist and/or Physical Therapist
- Speech-Language Pathologist
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).



<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Motor</li> <li>• Communication/Language</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Psychological, Social/Emotional</li> <li>• Adaptive Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Academic/Achievement</li> <li>• Sociocultural</li> <li>• Observation in Classroom/Other Environment</li> <li>• Other Intervention Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Perceptual Processing</li> <li>• Functional Behavior</li> <li>• Assistive Technology</li> </ul>

\* Components for determining developmental delay ages 3 to kindergarten school age. For students ages 5 through 9, the components of the suspected disability category may be utilized.

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***General Considerations***

- Developmental delays reflect significant discrepancies in the acquisition of age-appropriate skills (performance levels outside the range of typical development not attributable to cultural/linguistic differences). These delays may or may not be resolved with the provision of special education services during early childhood and early elementary years.
- Sufficient data should be collected at the time of the initial eligibility evaluation to identify suspected disabilities, which will be confirmed or ruled out by comprehensive evaluation before the child turns ten years of age.

### ***Evaluation of Students Ages 3 to Kindergarten (Age 5 after September 1)***

- Areas of developmental assessment
  - Motor (Physical development) – includes skills involving coordination of both the large and small muscles of the body (e.g., gross, fine, and perceptual-motor skills);
  - Communication/Language development – includes skills involving expressive and receptive communication abilities, both verbal and nonverbal;
  - Intellectual/Cognitive development – includes skills involving perceptual discrimination, memory, reasoning, academic skills, and conceptual development;
  - Psychological/Social/Emotional (Social or emotional development) – includes skills involving meaningful social interactions with adults and other students, including self-expression and coping skills;
  - Adaptive development – includes daily living skills (e.g., eating, dressing, and toileting) as well as skills involving attention and personal responsibility. For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.
- Source of Information: Information should be obtained from a variety of sources and could include medical records, records from Sooner Start (or early intervention services), parent and provider interviews, developmental screenings from child care programs, observations in a variety of settings.

### ***Evaluation of Students Ages 5 (Before September 1) through 9***

- If the LEA has elected to utilize the category of “Developmental Delay,” the student may be evaluated and found eligible based on the suspected disability category. However, their category of eligibility will still be “Developmental Delay” with the suspected category listed.
- The evaluation components will be the same as those of the suspected disability category.
- Do not use the label Developmental Delay if the student is eligible for services under the category of deaf-blindness, hearing impairment including deafness, or visual impairment including blindness.
- If a student is initially identified as meeting eligibility for Intellectual Disability before the age of 7, a re-evaluation with a formal assessment of cognitive and adaptive functioning should be conducted at the child’s first subsequent re-evaluation.

### **KEY ELIGIBILITY INDICATORS**

#### ***Evaluation of Students Ages 3 to Kindergarten (Age 5 after September 1)***

- Functioning one and a half standard deviations below the mean in two developmental domains; OR,
- Functioning two standard deviations below the mean in one developmental domain.
- In extraordinary cases, when a standardized score cannot be determined through a standardized assessment was attempted, a child may be determined to have a Developmental Delay based on the current level of functioning and the informed judgment of the multidisciplinary team.
  - The eligibility documents must include an explanation of the inability to obtain evaluation data from standardized, norm-referenced measures, and at least two independent sources of diagnostic information must be utilized to substantiate the delay.

#### ***Evaluation of Students Ages 5 (Before September 1) through 9.***

Meet eligibility criteria for any of a specific disability category.

#### **OSEP GUIDANCE ON DEVELOPMENTAL DELAY AND SPECIFIC LEARNING DISABILITY**

IDEA does not require an LEA to use an RTI approach before a referral for evaluation or as part of determining whether a 3, 4, or 5 year old is eligible for special education and related services. The category of specific learning disability is generally not applicable to preschool children with disabilities. The IDEA and the Part B regulations do not address the use of an RTI model for children suspected of having other disabilities.

It is up to the State to develop criteria for determining whether a child qualifies as a child with a disability, under 34 CFR §300.8, provided those criteria include a variety of assessment tools and strategies and do not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability, or for determining an appropriate educational program for the child. 34 CFR §300.304(0)(1)-(2).

## ► EMOTIONAL DISTURBANCE

### DEFINITION

34 CFR § 300.7 Child with a disability.

(C)(4)(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
  - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
  - (C) Inappropriate types of behavior or feelings under normal circumstances.
  - (D) A general pervasive mood of unhappiness or depression.
  - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

(Authority: 20 U.S.C. 1401(3)); 1401(30))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR EMOTIONAL-DISTURBANCE

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist (Qualified Examiner)
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

### COMPONENTS OF A COMPREHENSIVE EVALUATION

REQUIRED	RECOMMENDED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Psychological, Social/Emotional</li> <li>• Adaptive Behavior</li> <li>• Observation in Classroom/Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Sociocultural</li> <li>• Intellectual/Cognitive</li> <li>• Other Intervention Documentation</li> <li>• Functional Behavioral</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Perceptual/Processing</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

## **PRE-REFERRAL CONSIDERATIONS FOR EMOTIONAL DISTURBANCE**

Although interventions are not required for the identification of emotional disturbance, data from interventions will help the team demonstrate that difficulties have occurred over an extended period of time and have been resistant to change. For additional information, see Appendix H. Guidance for Assessing Challenging Behaviors.

Documentation of interventions should include:

- Target Behaviors and Goals.
  - An operational definition of the students' current behavioral problems.
  - An operational definition of goals for replacement behaviors and reductions in maladaptive behavior.
- Functional Behavioral Assessment Results.
  - Intervention strategies.
    - Antecedent strategies to prevent the behavior from occurring.
    - Instructional strategies for alternative skills to be taught.
    - Skill-building/reinforcement strategies to encourage socially appropriate behaviors.
    - Corrective consequences, including reductive strategies appropriately matched to the function of the student's behavior.
- Implementation documentation, including fidelity of implementation.
- Documentation of plan reviews and revisions with recommendations for changes to the intervention strategies as needed.

Maladaptive behaviors can be difficult to address in the classroom; however, interventions should be implemented with fidelity and of sufficient duration to determine their effectiveness. It takes time for students to learn appropriate replacement behaviors and to generalize them across settings.

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

- Health/Medical information should include a review of existing medical conditions that may involve behavioral indicators that could be misunderstood as an emotional disturbance.
- The presence of a medical condition does not necessarily preclude placement under the category of Emotional Disturbance, but when present, the team should have sufficient documentation to rule out the condition as the primary cause of the student's emotional or behavioral difficulties.
- The team should gather current information about medications/treatments, which can have side effects that could be erroneously interpreted as an emotional disturbance.
- Students struggling with emotional issues may experience physical symptoms (e.g., headaches, stomach problems, shortness of breath, elevated heart rate). The manifestation of these symptoms should not be considered physically limiting factors that prevent qualification under IDEA.

### ***Academic Achievement***

- Obtain and consider information about behaviors that impact educational performance, such as educational history, attendance, classroom engagement/participation, and student classroom behaviors/study skills.
- The team must document a demonstrable, causal relationship between the student's emotional condition and adverse effects on educational performance.

### ***Developmental History***

Developmental history information should include a review of a student's development over time to determine how any early childhood experiences (adverse or otherwise) may have impacted social/emotional development and functioning.

### ***Psychological, Social/Emotional***

Assessment in both the home and school setting (or other age-appropriate settings as needed) of psychological/social-emotional behaviors should include evaluation procedures to appropriately measure the nature and severity of problem behaviors as well as the functional impact of a student's behavior on their participation and performance in the classroom, school, and community setting.

- Information should be obtained from multiple raters across a variety of settings.
- Assessment data should provide an accurate picture of the nature, severity, and prevalence of problem behaviors as well as the adverse effects on educational performance and progress.

### ***Functional Behavior***

The process of conducting a Functional Behavioral Assessment will include collecting data and analyzing the associated variables of the behaviors to develop a behavior intervention plan. A comprehensive Functional Behavioral Assessment will result in the following information:

- Defined dimensions of the behavior
  - Specific, observable, and measurable definitions of problem behaviors impacting participation, performance, and educational progress.
  - Setting events and antecedents for problem behavior.
  - Maintaining consequences for the problem behavior.
- The hypothesized function of the behavior.
- Age-appropriate and operationally defined behavioral goals.
- Previously implemented strategies for changing the behavior.
- Recommendations for a positive behavioral intervention plan, that includes antecedent strategies, instructional strategies (alternative skills to be taught), skill-building/reinforcement strategies, and corrective consequences (reductive) strategies, if needed.
- For additional information, see Appendix H. Guidance for Assessing Challenging Behaviors.

### ***Sociocultural***

- Gather and document information regarding the student’s family and social history that may affect their likelihood of having an emotional disturbance. Key factors to consider are:
  - Social history and previous experience being in group settings.
  - Exposure to adverse childhood experiences (abuse, neglect, and household dysfunction), which elevate the risk for emotional and behavioral issues.
- Cultural factors should be considered as they relate to the student’s development of social skills, emotional expression and responsivity, and age-appropriate social-emotional reciprocity.

### ***Adaptive Behavior***

Information from multiple sources (describing functioning at home and school) to examine the impact of problem behaviors on emotional adjustment, social interactions, and personal independence. For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Observation in Classroom/Other Environment***

Assessment should include direct observation of the student’s behavioral functioning (emotional adjustment, social interactions, and personal independence), preferably in multiple settings (i.e., unstructured, structured, in the classroom).

- Interactions with peers and adults.
- Response to instruction, direction, correction, and praise.
- Response to classroom activities and events.

## **KEY ELIGIBILITY INDICATORS**

Student displays **at least one** of the following characteristics:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
  - This means the student is displaying an unsatisfactory rate of educational progress because of thoughts, feelings, and behaviors (e.g., anxiety, pervasive depression, or reality distortion) when other causes (such as learning disabilities, intellectual disabilities, and lack of motivation) have been considered and eliminated.
  - This should not be confused with an unwillingness or disinterest in learning.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Examples of this include:
  - Inability to demonstrate age-appropriate sympathy, affection, empathy.
  - Inability to initiate and maintain a variety of social interactions, friendships at school, at home, and in the community.
  - Social isolation (e.g., anxiety-based or fear-driven avoidance of school-based interactions), immature attention-seeking behaviors; seeking negative attention from others, and/or lack of social awareness - violating social boundaries (e.g., overly affectionate).
  - Inability to be appropriately assertive, cooperative, and compromising in conflict situations.

- Resistant to/non-accepting of adult instruction, direction, correction.
- Inappropriate types of behavior or feelings under normal circumstances.

Inappropriate behavior can be withdrawn, or extremely different or atypical in comparison to others in the same situation (considering developmental norms and peer comparisons), for example:

- Flat, blunted, distorted or excessive affect.
- Extreme changes or shifts in mood or feelings.
- Rage reactions or violent temper tantrums out of proportion to the triggering event.
- Extreme social withdrawal from typical activities with peers at school.
- Pre-occupations, limited interests, perfectionistic expectations of self.
- Aggressive response for unclear or unjustified reasons.
- A general pervasive mood of unhappiness or depression. Specific behaviors associated with depression include:
  - Flat, blunted, distorted, or negative affect; listlessness, apathy. Fatigue.
  - Pessimistic, critical statements and self-perceptions (e.g., overly internalizing locus of control); expressing feelings of worthlessness, hopelessness.
  - Irritable mood; easily angered by activities of peers;
  - Loss of interest in age-appropriate activities.
  - Diminished ability to think, concentrate, or make decisions.
  - The manifestation of unhappiness that is pervasive, chronic, and observable in the school setting lasting beyond the time usually expected for reactions to a specific traumatic event or situation.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Fears may range from incapacitating feelings of anxiety to specific and severe fear reactions and panic attacks to the degree that the student engages in consistent avoidance behaviors. Examples of this include:

- Excessive and chronic physical symptoms that appear to have no known medical cause.
- Physical reactions (increased heart rate, sweating, tremors) that appear to be linked to stressful event or conflict.
- Worrying about learning or school performance to the degree that physical complaints are evident or result in the inability to function/participate.

The characteristic(s) must be displayed **over a long period of time**. This indicator requires the student to exhibit one or more of the behavioral characteristics long enough for concerns to be considered chronic. Chronic means behaviors may be demonstrated over a long period of time (e.g., six months), displayed very frequently over a short period of time, or through multiple acute episodes. A generally accepted definition of “a long period of time” is a range of two to nine months considering the chronological age of the students or intensity of the problem.

Shorter time periods might be appropriate for acute problems indicating a need for immediate intervention and support. However, this excludes short-term responses to situational stressors (e.g., death in the family, divorce, illness, birth of a sibling, family move) that are transitory and expected to subside over time under normal circumstances. When collecting data on the time period, the team should consider if problem behaviors have changed or improved after multiple interventions implemented in the school setting prior to referral.

The problem must be occurring **to a marked degree**. The team should consider the pervasiveness of behaviors across most settings (school, home, community), as well as the pattern of behaviors compared to others from the same age, gender, or cultural group. The severity/intensity of behavior must be clearly apparent to school personnel familiar with the student and not solely documented in psychological assessments or clinical settings. For additional information, see Appendix H. Guidance for Assessing Challenging Behaviors.

Finally, the characteristics must **adversely affect the child's educational performance**. Manifestations of emotional problems must result in impairment of the student's ability to learn and/or perform academic or daily living tasks required in his/her educational program. Considerations for education performance may include:

- Inability to pass from grade to grade;
- Work samples that show atypical thought processes or an inability to complete tasks;
- A demonstrably slower rate of skill acquisition/academic progress than that of typically progressing peers;
- Inability to attend, concentrate, follow directions, participate appropriately in classroom instructional activities that result from distorted thought processes or out-of-control emotions;
- Serious, recurring disciplinary problems that are related to key eligibility indicators and result in frequent removal from the educational setting;
- Must rule out other conditions as the primary cause of poor educational performance.

The term Emotional Disturbance includes students who are diagnosed with schizophrenia.

The term Emotional Disturbance does not include students whose **primary** cause of behavior is determined to be **social maladjustment**. Students with Emotional Disturbance and students with social maladjustment can display many similar characteristics. IDEA stipulates that a student who is solely socially maladjusted is not eligible for special education services as a student with a disability. However, a student who has a serious emotional disability along with social maladjustment could be identified as a student with a disability under the category of Emotional Disturbance, assuming all key indicators are satisfied.



## **SOCIAL MALADJUSTMENT CONSIDERATIONS**

Multidisciplinary teams should assess for the presence of an Emotional Disturbance and then consider the degree to which social maladjustment is evident and impacting the student's behavior and educational progress. This process is supported by information from a functional behavioral assessment and data reflecting the student's response to positive behavior support strategies.

Social maladjustment is not specifically defined in federal guidelines. However, it is generally used to refer to a persistent pattern of violating social norms, persistent struggles with authority, poor motivation for schoolwork, and intentional/controlled, self-serving, or manipulative behaviors to avoid compliance with school/community expectations for student behavior.

Examples of socially-maladjusted behaviors may include, but are not limited to:

- Student understands but does not accept general behavioral standards;
- Student misses school by choice; achievement/educational progress influenced by truancy and/or a negative attitude towards school;
- Inappropriate behaviors may be goal-directed - student has an incentive to continue inappropriate behaviors to reach goals;
- Student may appear to have adequate self-esteem and self-concept; however, inappropriate behaviors may reflect an inflated self-concept, underdeveloped conscience (sense of empathy), feelings of inadequacy, or an external locus of control (blaming others for inappropriate behaviors);
- Student is frequently vigilant and intentional in efforts to avoid detection of misbehavior;
- Limited emotion attached to behavior; not disturbed by the violation of social norms;
- Accountability for inappropriate behavior may trigger explosive anger or rage in efforts to avoid consequences;
- May have family, peer, or neighborhood support for problem behaviors.

**The presence of socially maladaptive behaviors when otherwise demonstrating key indicators of an Emotional Disturbance does not preclude identification as a student with a disability in this category.**

## ➤ HEARING IMPAIRMENT, INCLUDING DEAFNESS

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.

34 CFR § 300.8 Child with a disability.

(c)(5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance, but that is not included under the definition of deafness in this section.

(Authority: 20 U.S.C. 1401(3); 1401(30))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR HEARING IMPAIRMENT

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner)
- Audiologist
- Speech-Language Pathologist
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

### COMPONENTS OF A COMPREHENSIVE EVALUATION

REQUIRED	RECOMMENDED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Hearing</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> <li>• Sociocultural</li> </ul>	<ul style="list-style-type: none"> <li>• Observation in Classroom/ Other Environment</li> <li>• Assistive Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Motor</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual/</li> <li>• Psychological, Social/ Emotional</li> <li>• Functional Behavioral</li> <li>• Vocational</li> </ul>

### CONSIDERATIONS FOR THE EVALUATION COMPONENTS

#### *Health/Medical*

Information regarding specific syndromes and special health problems pertaining to the student’s hearing and the long-term medical prognosis for the student should be collected and considered.

### ***Hearing (Audiological Examination)***

- An otolaryngologist's (ENT) or audiologist's report stating the diagnosis and description of the hearing problems may be included.
- An audiogram is required to help determine the special education and related services needed.
- When no response to the hearing stimuli can be elicited from the child, a physician's report or existing medical records could fulfill this requirement.

### ***Communication/Language***

See General Evaluation Considerations, which begin on [p. 15](#).

### ***Academic Achievement***

Assessments selected and administered must accurately reflect the student's achievement level rather than reflecting the student's hearing impairment.

### ***Adaptive Behavior***

- Relevant adaptive behavior should be assessed in a manner that reflects the ability of the student to compensate for the loss of hearing.
- This information may be gathered by a hearing specialist and should include auditory functioning and mode of communication.
- Structured observations, which include considerations for hearing in the educational setting and the distance and positioning of the student from sound sources, may be utilized.
- For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Assistive Technology/ Other Considerations***

Assistive technology and communication needs, depending on the individual student, are additional special factors that should be considered in the evaluation process.

## **KEY ELIGIBILITY INDICATORS**

The audiological examination documents a student meets one or more of the following indicators, which adversely affect educational performance:

Hearing loss measured within the range:

- Slight (16-25 dB loss),
- Mild (26-40 dB loss),
- Moderate (41-55 dB loss),
- Moderately Severe (56-70 dB loss),
- Severe (71-90 dB loss),
- Profound (91+ dB loss),
- Diagnosed Progressive Loss,
- Documented Functional Hearing Loss,
- Cochlear Implants,

- Auditory Neuropathy,
- Central Auditory Processing Disorder,

The IEP team must consider any medical documentation in an eligibility determination.

## ► INTELLECTUAL DISABILITIES

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(6) Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

(Authority: 20 U.S.C. 1401(3); 1401(30))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR INTELLECTUAL DISABILITIES

Evaluations should be conducted within the context of a multidisciplinary team, with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner)
- Speech-Language Pathologist
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

### COMPONENTS OF A COMPREHENSIVE EVALUATION

REQUIRED	RECOMMENDED	AS NEEDED
<ul style="list-style-type: none"> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> <li>• Sociocultural</li> <li>• Observation in Classroom/ Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Motor</li> <li>• Perceptual/Processing</li> <li>• Psychological, Social/ Emotional</li> <li>• Functional Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

- Health/medical information may inform the extent that medical needs impact health, stamina, and engagement in learning tasks.
- When there is a significant impact requiring special education programming to address more than one impairment, a Multiple Disabilities category may be considered.

### ***Communication/Language***

See General Evaluation Considerations, which begin on [p. 15](#).

### ***Academic Achievement***

- Present levels of performance in the general curriculum, achievement (in meaningful contexts), and age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.
- Measures of academic achievement indicate significant delays across subject areas, with consideration given to cultural or linguistic differences (see sociocultural factors below).
- Measures of educational performance include standardized achievement assessment, benchmark and progress monitoring assessments, curricular progress, records, interviews, and/or observations indicating the student's level of educational performance has been significantly below age or state-approved grade-level standards.

### ***Intellectual/Cognitive***

- Intellectual Functioning includes reasoning, problem-solving, planning, abstract thinking, judgment, learning from instruction and experience, and practical understanding.
- Intellectual functioning should be measured with individual, standardized, norm-referenced assessments. However, the abilities of students who possess severely limited abilities and/or functional communication skills may not be adequately captured with standardized assessments. In such cases, the team should consider other assessment options, such as existing records, previous assessments, current observations, and current performance levels.
- The student should be evaluated in their primary mode of communication.
- Part scores (i.e., scores representing subareas of cognitive ability) should not be used to rule in or rule out intellectual disability.
- If cognitive measures are significantly discrepant or inconsistent with adaptive behavior or educational functioning, further evaluation is necessary to determine the reason for the discrepancy and to ensure that the student's primary disability is within the general intellectual/cognitive area.
- Evaluators should minimize the impact of practice effects (i.e., inflated scores due to re-administration of the same or similar assessment) and the "Flynn effect" (i.e., overly high scores due to outdated test norms).
- Use a full-battery assessment designed to produce a comprehensive estimate of overall IQ. Brief intelligence screening tests or group tests are prone to error and not appropriate for identifying an Intellectual Disability.

- If a student is initially identified as meeting eligibility for Intellectual Disability before the age of 7, a re-evaluation with a formal assessment of cognitive and adaptive functioning should be conducted at the student's first subsequent re-evaluation.

### ***Developmental***

A thorough assessment of a child's developmental history, skills, and abilities in relation to expectations for the age group is an important component of determining if a student is displaying characteristics consistent with Intellectual Disabilities.

### ***Adaptive Behavior***

- Adaptive behavior includes the ability of the individual to perform daily activities required for personal and social sufficiency. For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.
- Assessment should evaluate both the home and school setting (or other age-appropriate settings as needed) of adaptive behaviors.

### ***Sociocultural***

To ensure appropriate identification of an individual with an Intellectual Disability, non-biased assessment procedures should be used. Various cultures may hold unique views regarding the level of functioning and skills expected of students at certain ages. Therefore, school teams must be culturally responsive in identifying a student with an Intellectual Disability. Non-biased assessment is not a particular test or instrument but rather a process of gathering information about an individual through a problem-solving approach that considers the influence of culture and language.

### ***Observation in Classroom/Other Environment***

See General Evaluation Considerations, which begin on [p. 15](#).

## **KEY ELIGIBILITY INDICATORS**

- Intellectual disability is a disorder that includes both intellectual **AND** adaptive functioning deficits in conceptual, social, and practical domains. Eligibility criteria for Intellectual Disability include:
  - Deficits in intellectual functioning, as measured by a standardized cognitive assessment. Specifically, the student achieves a standard score of two or more standard deviations below the mean on a measure of general IQ. A standard score of 2, or more standard deviations, below the mean, includes a margin for measurement error (generally +/- 5 points). For example, on tests with a standard deviation of 15 and a mean of 100, consider a score of 65-75 (70 +/- 5).
  - Significant limitations in adaptive behavior, in which at least one of the domains (conceptual, practical, social) is impaired to the degree that ongoing support is needed for the person to perform adequately in one or more life settings (school, work, home, or in the community). This limitation is measured by standard scores of 2, or more standard deviations below the mean on nationally-normed measures, observations of the student, and interviews of parents and teachers. A standard score of 2 or more standard deviations below the mean includes a margin for measurement error (generally +/- 5 points). For example, on tests with a standard deviation of 15 and a mean of 100, this involves a score of 65-75 (70 +/- 5).

- The student may exhibit some or all of these:
  - Difficulty with efficient and effective communication.
  - Difficulty with decision making, behavior, social interactions, and participation in multiple learning environments.
  - A need for alternate methods to demonstrate his/her abilities and knowledge.
  - Uneven learning patterns in cognition, communication, socialization, and self-help domains.
  - Medical needs that impact health, stamina, and engagement in learning tasks.
  - Difficulty learning and maintaining new skills and generalizing skills to new environments.
  - Difficulty demonstrating problem-solving skills when new skills or information is presented in a traditional academic curriculum.
  - A need for individualized methods of accessing information and demonstrating knowledge in alternative ways (tactile, visual, auditory, and multi-sensory).

## ► MULTIPLE DISABILITIES

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(7) Multiple disabilities means concomitant impairments (such as an intellectual disability and blindness, intellectual disability and orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

(Authority: 20 U.S.C. 1401(3) and 1401(30))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR MULTIPLE DISABILITIES

Evaluations should be conducted within the context of a multidisciplinary team, with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner)
- Speech-Language Pathologist
- Occupational Therapist and or Physical Therapist
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Cognitive/intellectual</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> <li>• Sociocultural</li> <li>• Observation in Classroom/ Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Perceptual Processing</li> <li>• Functional Behavior</li> <li>• Vocational</li> <li>• Psychological, Social/ Emotional</li> </ul>

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

- Multiple disabling conditions may occur, including intellectual disability, physical or orthopedic impairments, and sensory impairments/challenges.
- Health/medical information may inform the extent that medical needs impact health, stamina, and engagement in learning tasks.

### ***Motor***

See General Evaluation Considerations, which begin on [p. 15](#).

### ***Communication/Language***

See General Evaluation Considerations, which begin on [p. 15](#).

### ***Academic Achievement***

Measures of educational performance include standardized achievement assessment, benchmark and progress monitoring assessments, curricular progress, records, interviews, and/or observations that indicate severe educational needs requiring highly specialized programming.

### ***Intellectual/Cognitive***

The abilities of children who possess severely limited abilities and/or functional communication skills may not be adequately captured with standardized, individually administered cognitive assessments. In such cases, the team should consider other assessment options, such as existing records, previous assessments, current observations, and current performance levels.

### ***Adaptive Behavior***

- Assessment in both the home and school setting (or other age-appropriate settings as needed) of adaptive behaviors.
- A student with Multiple Disabilities generally demonstrates significant limitations in adaptive behavior.



For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Sociocultural***

Cultural and linguistic factors should be considered as they relate to the student's development. Also, see General Evaluation Considerations, which begin on [p. 15](#).

### ***Observation in Classroom/Other Environment***

See General Evaluation Considerations, which begin on [p. 15](#).

## **KEY ELIGIBILITY INDICATORS**

- Multiple Disabilities are two or more concomitant severe impairments, one of which usually includes intellectual disability, such as intellectual disability and blindness, intellectual disability and orthopedic impairment, etc. If a student meets criteria for more than one disability category, but one or neither is considered "severe," see Appendix B., Frequently Asked Questions for information about when to include a secondary disability.
- "Required" and "as needed" evaluation components will be determined by suspected concomitant disabilities.
- Lack of appropriate instruction in reading, including the essential components of reading instruction, mathematics, or limited English proficiency (LEP), must not be the determining factor.

## **► ORTHOPEDIC IMPAIRMENTS**

### **DEFINITION**

34 CFR § 300.8 Child with a disability.

(c)(8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

(Authority: 20 U.S.C. 1401(3); 1401(30))

## **QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR ORTHOPEDIC IMPAIRMENTS**

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- Occupational Therapist and/or Physical Therapist (Qualified Examiner),
- School Psychologist and/or School Psychometrist,
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Motor</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Adaptive</li> </ul>	<ul style="list-style-type: none"> <li>• Sociocultural</li> <li>• Observation in Classroom/ Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Communication/Language</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological, Social/ Emotional</li> <li>• Functional Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

Medical information from a licensed physician or an ARNP providing relevant medical findings of orthopedic conditions, specific syndromes, health problems, medication, and any information deemed necessary for planning the child’s educational program is required.

### ***Motor***

Evaluation of motor functioning by a licensed PT and/or OT, appropriate to the needs of the student, must be included.

### ***Academic Achievement***

The effect the student’s orthopedic impairment has on his/her present levels of performance in the general education curriculum, academic performance, achievement, or age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.

### ***Developmental***

See General Evaluation Considerations, which begin on [p. 15](#).

### ***Adaptive***

See General Evaluation Considerations, which begin on [p. 15](#), and [Appendix G](#). Continuum of Adaptive Skill Functioning.

### ***Assistive Technology/ Other Considerations***

Assistive technology and physical needs, depending on the individual student, are additional special factors that should be considered in the evaluation process.

## KEY ELIGIBILITY INDICATORS

- The student has a severe orthopedic impairment caused by congenital anomaly, disease, or other causes, which adversely affects educational performance.
- Lack of appropriate instruction in reading, including the essential components of reading instruction, mathematics, or LEP, must not be the determining factor.

## ▶ OTHER HEALTH IMPAIRMENTS

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that—

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance.

(Authority: 20 U.S.C. 1401(3); 1401(30))

## QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR OTHER HEALTH IMPAIRMENTS

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner),
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Academic Achievement</li> <li>• Developmental</li> </ul>	<ul style="list-style-type: none"> <li>• Sociocultural</li> <li>• Observation in Classroom/ Other Environment</li> <li>• Psychological, Social/ Emotional</li> <li>• Other Intervention Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Functional Behavior</li> <li>• Adaptive Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

**CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

***Health/Medical***

- Health problems may include but are not limited to asthma, attention deficit hyperactivity disorder (ADHD), cancer, diabetes, epilepsy, fetal alcohol spectrum disorder (FASD), a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette’s Syndrome, and stroke to such a degree that it adversely affects the student’s educational performance. (note, Tourette’s Syndrome is a neurological disorder, not an emotional disorder).
- When physical health information is obtained, it should be from a licensed physician or an ARNP. Medical information should include relevant medical findings and diagnoses, health problems, medications, and other information needed to determine eligibility and plan for the student’s educational program.
- Health information from the school nurse may also be useful to determine current functioning and student needs.

***Special considerations for evaluation of services for ADHD***

A medical diagnosis of ADHD is not necessarily required to determine whether a student is eligible for purposes of special education and related services under IDEA. Licensed psychologists and school psychologists are qualified to conduct evaluations for the purpose of establishing the condition of ADHD. Evaluations for ADHD should be comprehensive and include both psychological, social/emotional assessment, and student observations.

***Academic Achievement***

While students with health/medical conditions may demonstrate skill ability in the average range on standardized achievement tests, the unreliable performance of these skills in the classroom related to their health/medical condition may still validate the presence of an educational need.

## KEY ELIGIBILITY INDICATORS

- Documented impairments in strength, vitality, or alertness, including a heightened alertness to environmental stimuli.
- Impairments are due to a chronic or an acute health condition.
- Impairments due to health conditions adversely affect educational performance.
- Lack of appropriate instruction in reading, mathematics, and English Language Proficiency ruled out as a determining factor for impairments.

## ► SPECIFIC LEARNING DISABILITY

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(10) Specific learning disability—

(i) General. Specific learning disability means a disorder in one or more of the basic

psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(Authority: 20 U.S.C. 1401(3); 1401(30))

## QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR SPECIFIC LEARNING DISABILITY

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner),
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Sociocultural</li> <li>• Observation in Classroom/ Other Environment</li> <li>• Other Intervention Documentation</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> </ul>	<ul style="list-style-type: none"> <li>• Motor</li> <li>• Communication/Language</li> <li>• Perceptual Processing</li> <li>• Psychological, Social// Emotional</li> <li>• Functional Behavior</li> <li>• Adaptive Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

**PRE-REFERRAL CONSIDERATIONS FOR SPECIFIC LEARNING DISABILITY**

As part of the pre-referral considerations, the school should consider the results of available academic universal screening data to identify students at risk for not achieving grade-level skills. Screening data should be used to identify remediation and intervention supports appropriate to address concerning areas. Outcomes of general education interventions help inform decisions about whether or not it is appropriate to suspect a learning-related disability.

To ensure adherence with the IDEA, interventions must be evidence-based. The term evidence-based means that a strategy or intervention that demonstrates a statistically significant effect on improving student outcomes (Elementary and Secondary Education Act, Section 8101(21)(A)) is utilized. Implementing evidence-based interventions includes documentation of the intervention and monitoring the student’s progress toward their goal.

**(See Appendix I. Pre-Referral Intervention Process Flowchart)**

The intervention documentation must:

- demonstrate that the student was provided an intervention matched to the student’s instructional needs in the general education setting,
- indicate the intervention was delivered by qualified personnel,
- and include a description of scientific evidence-based intervention.

To determine if the intervention is evidence-based, the team should ask the following questions:

- Has the study been published in a peer-reviewed journal or approved by a panel of independent experts?
- Have other scientists replicated the results of the study?
- Is there consensus in the research community that a critical mass of additional studies supports the study’s findings?

Progress monitoring is a process of evaluating growth on skills over time and is used to determine if the student is progressing adequately. This process is done using alternate forms of screening assessments and conducted regularly with students, who are performing below the benchmark and receiving intervention instruction.

More information regarding the intervention and progress monitoring process may be found in the OTISS Implementation Guide at [www.otiss.net](http://www.otiss.net).

As part of the Review of Existing Data (RED) process, the school **must** have documentation regarding these evidence-based intervention attempts at remediating academic deficits in the form of targeted interventions delivered in addition to the general education core curriculum (See Appendix A. Example RED/MEEGS Intervention Documentation).

### ***Further Clarification on Adverse Impact***

The eligibility group must determine that educational performance is adversely affected as a result of dysfunctional school-related behaviors and/or affective reactions. Evidence must exist that supports a relationship between the student's school-related behaviors and/or affective relations and decreased educational performance. While an adverse effect on educational performance may imply a marked difference between the student's academic performance and reasonable (not optimal) expectations of performance, the definition of education performance cannot be limited to academics. This position is clarified by the Office of Special Education Programs (OSEP) in a March 8, 2007, Letter to Clark, 48 IDELR 77 where "educational performance" as used in the IDEA and its implementing regulations is defined as not limited to academic performance. Furthermore, based upon the IDEA definitions of a child with a disability in 34 C.F.R. Section 300.8(a)(1) and specifically the definition of a child with an emotional disturbance, along with the definition of special education found in 34 C.F.R. Section 300.39, it is clear that special education and specialized instruction encompass more than only academic instruction. Adverse effects on educational performance cannot, therefore, be based solely on discrepancies in age or grade level performance in academic subject areas. An adverse effect can be manifested through behavioral difficulties at school; impaired or inappropriate social relations; impaired work skills, such as being disorganized, tardy; having trouble getting to school on time; and difficulty with following the rules.

Indicators of educational performance can include present and past grades, report cards and reports of progress (social-emotional and/or academic), achievement test scores, and measures of ongoing classroom performance such as curriculum-based assessment (formative and summative assessments), work samples, and data relative to responses to tiered and targeted interventions. The appropriateness of the school district's educational goals, as reflected in the curriculum and in the formal grading reports, should also be considered. Various types of standards must be applied when making judgments about student progress to determine what constitutes an adverse effect on educational performance. The student's overall performance should demonstrate a marked difference between actual and expected school performance. While determining a student's cognitive abilities and level of academic achievement may be useful, the focus should be placed on the student's overall performance in school and his or her response to interventions as illustrated in the data resulting from progress monitoring activities. Some students attain adequate achievement test scores but do not demonstrate appropriate academic progress; for example, when a severe and chronic pattern of failing to persevere with tasks and complete classroom assignments leads to repeated failure in subject matter courses. In this case, the student's resulting failure in subject-matter courses can be considered an adverse effect. However, it must also be noted that 34 C.F.R. Section 300.101(c) states that a free and appropriate public education (FAPE), must be available to any child with a disability who needs special education and related services, even if the child has not failed or been retained in a course or grade and is advancing from grade to grade. Therefore, as is the case for any student with a disability, the determination of whether a student's emotional status "adversely affects educational performance" must be made on a case by case basis and is dependent on the unique needs of the particular child (March 8, 2007, Letter to Clark, 48 IDELR 77).

The documentation of adversely affected educational performance must also substantiate that the educational deficiencies persist over time in spite of specific alternative strategies, which have been provided within the general education setting. The eligibility team should have evidence that tiered interventions, such as positive behavioral supports, home/school collaboration, attendance/counseling/academic supports, behavioral and emotional supports, contracts and/or established behavior interventions and approaches, have been implemented with fidelity.

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Academic Achievement***

- Source of data for academic achievement may include:
  - Universal screening. Benchmark testing of all students, typically administered three times per year, focusing on foundational skills and aligned with state standards.
  - Formative and progress-monitoring assessments. Aligned with grade-level state standards, the assessments are used to monitor what students are expected to learn when provided with robust instruction within the general education setting.
  - Performance on state assessments. These are the state’s general assessments aligned to state academic content standards for the student’s enrolled grade.
  - Norm-referenced assessments of academic achievement.
- See Key Eligibility Indicators below for more information on how this data will be utilized to determine eligibility based on the selected method of eligibility determination.

### ***Intellectual/Cognitive***

Information regarding intellectual development may include, but is not limited to:

- Review of data reflecting the student’s response to intervention;
- Standardized measures of cognitive ability (such as intelligence tests); and
- Multiple indicators of age-appropriate adaptive and/or cognitive skills may be used to rule out intellectual disability as the primary cause of learning difficulties.

### ***Developmental***

- Information regarding the child’s developmental history, skills, and abilities in relation to expectation for the age group.
- Information provided by the student’s parents regarding the student’s developmental/educational history of progress on age- or grade-level state standards, developmental history questionnaires, or other information.

### ***Sociocultural***

- Consider the family history of learning issues, and see General Evaluation Considerations, which begin on [p. 15](#).
- For information regarding Limited English Proficiency, refer to the Specific Learning Disability Evaluation Questions section of Appendix B. Frequently Asked Questions.



## *Observation in Classroom/Other Environment*

See General Evaluation Considerations, which begin on [p. 15](#).

### KEY ELIGIBILITY INDICATORS

The OSDE has established options for determining a Specific Learning Disability (34 CFR § 300.307). At the beginning of the school year, each LEA designates if they are using a Scientific-Research Based model (Option 1; i.e., Response to Intervention Processes) or Traditional Discrepancy Model (Option 2) for evaluating Specific Learning Disabilities. The districts will use the chosen option for all evaluations throughout the school year but should also integrate all available data to determine the needs of the learner for special education services. For more information on RtI, see the Oklahoma Tiered Intervention System of Support (OTISS) website at <http://www.OTISS.net>.

#### Indicators for ALL SLD Evaluations

(See Appendix J. Specific Learning Disability Evaluation Process Flowchart)

The following three criteria must be met and documented for all SLD evaluations.

##### 1. **Significantly below-average academic achievement.**

- Documentation that the student does not achieve adequately for the student's age or meet state-approved grade-level standards when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards in one of the following areas:
  - **Oral Expression:** relates to a student's ability to express ideas, explain thinking, retell stories, categorize, and compare and contrast concepts or ideas, make references, and problem-solve verbally.
  - **Listening Comprehension:** the understanding of the implications and explicit meanings of words and sentences of spoken language. This includes following directions, comprehending questions, and listening and comprehending in order to learn (e.g., auditory attention, auditory memory, and auditory perception). Listening comprehension also includes the ability to make connections to previous learning.
  - **Written Expression:** involves processes related to the transcription of ideas and thoughts into a written product. Required skills include using oral language, thought, grammar, text fluency, sentence construction, and planning to produce a written product.
  - **Basic Reading Skills:** includes sight word recognition, phonics, and word analysis. Essential skills include identification of individual sounds and the ability to manipulate them, identification of printed letters and sounds associated with letters, and decoding of written language.
  - **Reading Fluency Skills:** the ability to read words and text accurately, using age-appropriate chunking strategies and a repertoire of sight words, and with appropriate rate, phrasing, and expression (prosody). Reading fluency facilitates reading comprehension.
  - **Reading Comprehension:** the ability to understand and make meaning of written text and includes a multifaceted set of skills. Reading comprehension is influenced by oral language development, including new vocabulary acquisition, listening comprehension, working memory, application of comprehension-monitoring strategies, and understanding of text structure, including titles, paragraphing, illustrations, and other details.

- **Mathematics Calculation:** the knowledge and retrieval of mathematical facts and the application of procedural knowledge in computation.
  - **Mathematics Problem Solving:** the ability to apply mathematical concepts and understandings to real-world situations, often through word problems. It is the functional combination of computation knowledge and application knowledge and involves the use of mathematical computation skills and fluency, language, reasoning, reading, and visual-spatial skills in solving problems.
  - Academic achievement data should be collected for all areas of suspected disability.
  - To determine the extent of student underachievement, the use of multiple measures for assessing student achievement is recommended. These measures may include assessments that are used to drill down into a student's academic skill deficiencies, reading and math diagnostic tests, and/or norm-referenced tests.
2. **Documentation that underachievement is not due to a lack of appropriate instruction in identified areas of concern. Include both:**
- Data that demonstrate that before, or as part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel.
  - Data-based documentation of repeated assessments of achievement at reasonable intervals, that reflect student progress during instruction. This refers specifically to the use of local or national progress monitoring systems (e.g., district CBMs, AIMSweb, DIBELS, etc.).
3. **Observation in Classroom/Other Environment**
- An observation of the student's academic performance and behavior in the student's learning environment, including the regular classroom setting, has been conducted by an evaluation group member, in addition to the student's general education classroom teacher.
  - The team may decide to use observational data obtained prior to the referral or to conduct an observation after the student has been referred for an evaluation and parental consent has been obtained. (In the case of a student who is out of school, a team member must observe the student in an environment appropriate for a student of that age.)

### **Option 1: Additional Eligibility Indicators for Scientific-Research Based Model**

The evaluation group must decide using a convergence of multiple sources of data demonstrating **a lack of sufficient progress in response to scientific, research-based interventions in one or more of the academic areas listed above.**

Documentation of the intervention process should be accomplished through an intervention plan and progress monitoring data generated from the intervention process. The documented components should include:

- The scientific research-based interventions used,
- Dates, frequency, and duration of intervention(s),
- The targeted skill(s), including the present levels of performance and a measurable goal,
- Data on the integrity of implementation of intervention as planned (e.g., percent of integrity/fidelity with which the intervention was delivered),

- The results of intervention, including the student's overall performance and rate of improvement compared to the overall goal and rate of improvement,
- If the student's progress is sufficient to meet overall goals by the end of the specified period.

The eligibility group will use the above data to determine if the student meets the following criteria:

1. **Criterion 1:** The student's level of performance in the area of academic concern is significantly below what is expected for their grade and educational setting.
2. **Criterion 2:** Individual student learning requires resources beyond what typically can be provided in the general education curriculum in order to make adequate progress that is consistent with national or local growth rate comparisons.

### **Option 2: Additional Eligibility Indicators for Traditional Discrepancy Model**

The evaluation group must decide using assessments and procedures, demonstrating a **severe discrepancy between ability and achievement**. Based upon individually administered assessments **and** other evaluation data reviewed, a severe discrepancy of 1.5 standard deviations exists between the **full-scale intellectual ability score** and the standard score from one or more of the **eight areas listed under evaluation considerations for SLD**. The team must not use age equivalents, grade equivalents, or relative proficiency index (RPI) to determine a severe discrepancy.

## **SUMMARY OF KEY ELIGIBILITY INDICATORS**

Regardless of the chosen method for SLD eligibility determination, the team must:

- Document the procedures utilized to determine the presence of a specific learning disability and the adverse effects on educational performance. For additional information, see the Specific Learning Disability Evaluation Questions section of Appendix B. Frequently Asked Questions.
- Establish criteria and a process for such determinations and make this information available to the group, including the parent(s), as needed.
- The group may not identify a student as having a specific learning disability if the student's performance is primarily the result of a visual, hearing, or motor disability; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage, or LEP.
- Lack of appropriate instruction in reading, including the essential components of reading instruction, mathematics, or LEP, must not be the determining factor.

## DYSLEXIA AS A SPECIFIC LEARNING DISABILITY

Dyslexia is a term frequently used to refer to a spectrum of reading skills deficits. Dyslexia can result in relatively mild delays in learning to read or can result in a severe, persistent, pervasive pattern of reading skill deficits indicative of a specific learning disability. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

**Oklahoma recognizes dyslexia as a disability under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act.** In October 2015, the United States Department of Education issued a Dear Colleague guidance letter to ensure a high-quality education for children with Specific Learning Disabilities (SLD). The purpose of the letter was to, “Clarify that there is nothing in the IDEA, which would prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA evaluation, eligibility determinations, or IEP documents.”

### Differential Identification Questions for Dyslexia

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?
2. Is there a deficit in phonological processing/phonemic awareness (Underlying causes of dyslexia)?
3. Are the reading, spelling, and phonological deficits unexpected? Does the student demonstrate cognitive ability to support age level academic learning?
4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?
5. What are the student’s strengths that could be assets?
6. Are there indicators of coexisting disorders (e.g., ADHD, dysgraphia, dyspraxia, anxiety) that may complicate the response to intervention and may deserve further assessment for identification?

When a request has been made for an initial evaluation, a multidisciplinary team of qualified professionals (for example, certified school psychologists, school psychometrists, speech-language pathologists, and regular and special education teachers) and the parent must conduct a review of existing data.

To be eligible for special education and related services, the student must have a disability under the IDEA (which includes Dyslexia as a Specific Learning Disability in Reading). The disability must have an adverse impact on their education, and their unique, disability-related needs must require specially designed instruction in order to access the general education curriculum. It is important to note that the definition of Specific Learning Disability is slightly different in the IDEA compared to that of the DSM-5 medical diagnosis of Specific Learning Disorder. Outside evaluations may not have all of the evaluation components required to determine eligibility for special education services, and the student’s team may request parent consent to complete additional assessments as necessary.

If the student is not found eligible for special education services under the IDEA, the results of the evaluations conducted should still be used to provide feedback on the educational needs of the student. When a student is not eligible for a disability category under the IDEA, a referral for a Section 504 of the Rehabilitation Act evaluation should be considered. A Section 504 plan can provide accommodations or other supports for the student. Additionally, the team should consider how any identified educational needs may be addressed through evidence-based interventions with available school resources.

For further information related to SLD evaluations, please see the Specific Learning Disabilities Evaluation Questions section of Appendix B. Frequently Asked Questions.

## ► SPEECH OR LANGUAGE IMPAIRMENT

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child’s educational performance.

(Authority: 20 U.S.C. 1401(3)(A) and (B); 1401(26))

### QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR SPEECH OR LANGUAGE IMPAIRMENT

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- Speech-Language Pathologist (Qualified Examiner),
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

### COMPONENTS OF A COMPREHENSIVE EVALUATION

REQUIRED	RECOMMENDED	AS NEEDED
<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Communication/Speech/Language</li> <li>• Developmental (if a DD district)</li> <li>• Sociocultural</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Observation in Classroom/Other Environment</li> <li>• Adaptive Behavior</li> <li>• Assistive Technology</li> <li>• Academic Achievement</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Motor</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological, Social/Emotional</li> <li>• Functional Behavior</li> <li>• Vocational</li> </ul>

### CONSIDERATIONS FOR THE EVALUATION COMPONENTS

#### *Academic Achievement*

See General Evaluation Considerations, which start on [p. 15](#).

#### *Intellectual/Cognitive*

- The impact of a student’s functional communication and basic language skills on score validity should be considered.

- Nonverbal instruments should be used for students who are nonverbal or have severely limited vocabulary and language skills.
- Also, see General Evaluation Considerations, which start on [p. 15](#).

### ***Developmental***

A thorough assessment of a student's developmental history, skills, and abilities in relation to expectations for the age group is an important component of determining if a student is displaying characteristics consistent with a speech or language impairment.

### ***Adaptive Behavior and Psychological/Social/Emotional***

- Assessment in the school setting (or other age-appropriate settings as needed) of adaptive and psychological/social-emotional behaviors is important to inform the student's functional performance and unique needs.
- Assessment may include a measure of the student's social interactions.
- For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.

### ***Sociocultural***

Cultural and linguistic factors should be considered as they relate to the child's development of social and language skills.

### ***Observation in Classroom/Other Environment***

- Assessment should include observation of student's communication skills in the educational setting.
- Appropriate social behaviors to observe may include nonverbal behaviors (eye contact/gaze, facial expressions, gestures, physical proximity, joint attention), peer relationships (frequency and quality of peer interaction), and social reciprocity (approaching others, sharing about interests, taking turns in conversation, tolerating changes in topic or interests of others, showing awareness of others).

### ***Hearing***

- A hearing screening should be conducted to rule out possible hearing loss as a contributing factor to speech or language impairment.

### ***Communication/Language***

- More than one evaluation procedure must be used to determine the existence of a speech and/or language impairment.
- At least one assessment tool must be a standardized measure. Other measures may be informal or functional, such as observations, checklists, and language samples.
- Any informal or functional evaluation measure must be documented in the evaluation summary, whether speech/language is the primary disability or a related service.
- Evaluation of speech skills may include articulation, voice, fluency, and oral-motor skills.
- Language skills may involve receptive and expressive language, including phonology, morphology, syntax, semantics, and pragmatics.

## KEY ELIGIBILITY INDICATORS

- A communication, speech, and/or language or voice impairment that adversely affects educational performance.
- Lack of appropriate instruction in reading, including the essential components of reading instruction, mathematics, or LEP, must not be the determining factor.
- Caution is advised when evaluating a student whose native language is other than English. The acquisition of the English language is not to be mistaken as a language impairment.
- An articulation/phonological disorder exists when:
  - The disorder is exhibited by omissions, distortions, substitutions, or additions;
  - The articulation interferes with communication and calls attention to itself; and
  - The disorder adversely affects educational or developmental performance.
- An articulation/phonological disorder does not exist when:
  - Errors are temporary in nature or are due to temporary conditions such as dental changes;
  - Differences are due to culture, bilingualism or dialect, or from being non-English speaking; or
  - There are delays in developing the ability to articulate only the most difficult blends of sound or consonants within the broad range for the student's age.

## ▶ TRAUMATIC BRAIN INJURY

### DEFINITION

34 CFR § 300.8 Child with a disability.

(c)(12) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both that adversely affects a child's educational performance. Traumatic brain injury applies to

open or closed head injuries resulting in impairments in one or more areas, such as cognition;

language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(Authority: 20 U.S.C. 1401(3) and 1401(30))

## **QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR TRAUMATIC BRAIN INJURY**

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner),
- Speech-Language Pathologist,
- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Perceptual/Processing</li> <li>• Psychological, Social/Emotional</li> <li>• Sociocultural</li> <li>• Observation in Classroom/Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Functional Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

- Medical information from a licensed physician or an ARNP should be obtained regarding relevant medical and neurological findings, medications, the student’s current status and prognosis, and any information pertinent to planning the student’s educational program.
- Medical information is necessary to establish that the student has an acquired brain injury that occurred after birth and was caused by an external force (including the external force of near-drowning).

### ***Communication/Language***

Traumatic Brain Injuries may impact a variety of neuropsychological factors, including communication and language. The student’s current functioning for communication and language should be evaluated.

### ***Academic Achievement***

- Present levels of performance in the general curriculum, academic performance, achievement (in meaningful contexts), or age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.



- The student’s educational and developmental history before the injury also provides important information for educational planning and expectations for prognosis.

### ***Intellectual/Cognitive***

Formal evaluation of cognitive/intellectual should be supported by the functional and ecological assessment of the student’s ability to generalize and apply skills in various settings.

### ***Perceptual/Processing***

The abilities of the student to effectively perceive, process, integrate, recall, respond to information, and communicate are important considerations.

### ***Adaptive Behavior and Psychological, Social/Emotional***

- Information should include the functional assessment of the student’s skills and behaviors in various settings. For additional information, see Appendix G. Continuum of Adaptive Skill Functioning.
- If the student has not yet re-entered school, adaptive behavior may need to be assessed in settings or in response to tasks that are similar to the school setting or other age-appropriate settings as possible.

## **KEY ELIGIBILITY INDICATORS**

- An acquired brain injury caused by an external physical force that occurred after birth must be documented.
- The evaluation information must establish that total or partial functional disability or psychosocial impairment, or both, are due to the injury.
- The resulting impairment(s) adversely affects educational performance.
- Lack of appropriate instruction in reading, including the essential components of reading instruction, mathematics, or LEP, must not be the determining factor for academic deficits.

## **▶ VISUAL IMPAIRMENT INCLUDING BLINDNESS**

### **DEFINITION**

34 CFR § 300.-8 Child with a disability.

(c)(13) Visual impairment including blindness, means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

(Authority: 20 U.S.C. 1401(3) and 1401(30))

## **QUALIFIED EXAMINER TO DETERMINE ELIGIBILITY FOR VISUAL IMPAIRMENT**

Evaluations should be conducted within the context of a multidisciplinary team with professional evaluators administering assessments within their areas of expertise. Within the context of the multidisciplinary team, professional evaluators should include but are not limited to:

- School Psychologist and/or School Psychometrist (Qualified Examiner),
- Vision Specialist,

- Other team members based upon evaluation components (Refer to Professional Assessment Competency Areas table on [p. 11](#)).

<b>COMPONENTS OF A COMPREHENSIVE EVALUATION</b>		
<b>REQUIRED</b>	<b>RECOMMENDED</b>	<b>AS NEEDED</b>
<ul style="list-style-type: none"> <li>• Vision</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Sociocultural</li> <li>• Adaptive Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Observation in Classroom/ Other Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing</li> <li>• Motor</li> <li>• Communication</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological, Social/ Emotional</li> <li>• Functional Behavior</li> <li>• Vocational</li> <li>• Assistive Technology</li> </ul>

## **CONSIDERATIONS FOR THE EVALUATION COMPONENTS**

### ***Health/Medical***

Information regarding specific syndromes and special health problems regarding the student’s vision and the long-term medical prognosis for the student should be collected and considered.

### ***Vision***

- This information could include medical information from a qualified physician, if determined appropriate, to assess the effect of the child’s visual impairment on the child’s eligibility and educational needs, but cannot be used as the sole criteria.
- An ophthalmologist’s or optometrist’s report stating the diagnosis and description of the visual problems may be included.
- Indication of acuity and field of vision is necessary for determining the special services needed.
- When no response to the visual stimuli can be elicited from the child, a physician’s report or existing medical records could fulfill this requirement.

### ***Academic Achievement***

Assessments selected and administered must accurately reflect the student’s achievement level rather than reflecting the student’s vision impairment.

### ***Adaptive Behavior***

- Adaptive behavior information may be assessed by a vision specialist using a functional vision assessment in a manner that will reflect the ability of the student to compensate for the loss of vision or visual condition.
- Information regarding the student’s independent movement in the school and home environment or other age-appropriate settings may be provided by an orientation and mobility specialist.

- Structured observations, which include considerations for lighting, the size of print, or material to be identified visually, and the distance and positioning of the student from objects to be viewed, may be utilized.
- For additional information, see [Appendix G](#). Continuum of Adaptive Skill Functioning.

### ***Assistive Technology/Other Considerations***

Assistive technology, communication, and Braille instruction needs depending on the individual student are additional special factors, which should be considered in the evaluation process.

### **KEY ELIGIBILITY INDICATORS**

The vision examination must document that a student meets one or more of the following indicators, which adversely affect educational performance:

- Low Vision (visual acuity of 20/70 to 20/200 or less in the better eye after the best possible correction),
- Legally Blind (visual acuity of 20/200 or field restriction of 20 degrees or less in the better eye after best possible correction),
- Light Perception Only,
- Totally Blind,
- Cortical Visual Impairment – CVI,
- Diagnosed Progressive Loss,
- Documented Functional Vision Loss.

The IEP team must consider any medical documentation in an eligibility determination.

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**▶ APPENDIX A. EXAMPLE RED/MEEGS INTERVENTION DOCUMENTATION**  
*Example of REDS Intervention Documentation in EDPlan*

DOCUMENTATION OF INTERVENTIONS: (only if suspected disability is SLD)		
<b>Targeted Behavior/Skill:</b>	Basic Reading Skills(decoding/phonics); sight words; oral reading fluency	
<b>Goal(s):</b>	<b>Was goal accomplished?</b>	<b>Recommended Action:</b>
After Tier 3 interventions, James will master 19 of 19 Lit First skills;	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James has mastered 13 of 19 phonics skills. His nonsense word reading fluency increased from 41 correct per minute to 59 correct per minute.
After Tier 3 interventions, James will accurately/fluently read 500 sight words	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James can accurately identify 160 of 500 sight words. James increased his word reading fluency from 33 words correct per minute to 43 words correct per minute.
After Tier 3 interventions, James will increase STAR Early Literacy score to 661 or greater; increase STAR reading score to 353 or greater	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James increased his score on the STAR reading from a scale score of 87 to a scale score of 226 (PR = 5).
After Tier 3 interventions, James will read grade-level text at a rate of 84 words correct per minute (winter norm for 4th grade).	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James can read 1st grade level text at a rate of 75 wcpm. He can read 2nd grade level text at a rate of 43 wcpm. James can read 3rd grade level text at a rate of 34 wcpm. James can read 4th grade level text at a rate of 42 wcpm (PR = 2). If he continues to increase skills at

<b>Interventions Attempted:</b>	James received Tier 3 intervention support which involves daily instruction (in addition to classroom instruction and individualization) for 30 minutes, targeting basic reading skills (phonics/decoding skills, sight word mastery, and oral reading fluency).
<b>Frequency and Duration:</b>	Tier 3 interventions are implemented daily for a minimum of 10 weeks (at least 40 sessions during that time). James started Tier 3 supports on 9/23/2019; progress was reviewed on 11/15/19. Outcomes were reviewed on 12/13/19 and it was recommended that James continue to receive Tier 3 intervention while results are reviewed with the parent and multidisciplinary team to consider need for Special Education services.
<b>Treatment Integrity Data:</b>	Attendance at school has been adequate to support skill remediation and progress towards educational goals. Logs of participation in Tier 3 activities reflect sufficient attendance/participation to benefit from additional instructional supports.
<b>Type of Measure Used to Define Outcome:</b>	<p>Measure: During Tier 3 interventions, nationally-normed, curriculum-based skill probes are administered weekly to measure progress over time and compare to dual discrepancy criteria to consider further evaluation to determine eligibility for special education services in a specific curriculum area. Additional classroom-based assessments and district bench-marking assessments are also used to measure progress towards grade-level goals.</p> <p>Define Outcome: Student performance falling at or above the 25th percentile represents performance within the range expected for students at a specific grade level. Performance at or below the 10th percentile after intensive, individual, Tier 3 intervention services indicates the need to consider special education services. James demonstrates indicators for suspecting an education-related disability in the area of reading because his rate of skill development and level of performance remains significantly below the performance of grade-level peers after intensive intervention activities.</p>

*Example of MEEGs Documentation of Intervention Data, Outcomes in EDPlan*

ADDITIONAL PROCEDURES AND REQUIREMENTS FOR SPECIFIC LEARNING DISABILITIES	
<b>Identify the Model Used to Determine Eligibility</b>	<input type="radio"/> Discrepancy Model (a discrepancy of at least 1.5 standard deviations between intellectual ability and achievement exists in the board areas listed below) <input checked="" type="radio"/> Scientific Research-Based Intervention Model (described child-centered data below)
<b>Describe the method used and group findings (utilize "Documentation of Interventions for SLD")</b>	James received Tier 3 interventions (for 20 weeks) targeting basic word identification skills (decoding/phonics skills), fluent identification of high frequency words, and oral reading fluency. James received daily sessions which included direct skills instruction, guided practice, corrective feedback, and structured opportunities to generalize reading skills across text. Skill growth was monitored weekly using grade-level and below-grade-level skill probes. Additional assessments using classroom-based assessments and district benchmarking measures continued during Tier 3 intervention. (Specific Tier 3 outcome data are reported in the Assessment section of this document.) James' rate of improvement during intensive, individualized interventions remained below the typical rate of skill growth with this level of support; James' level of performance after intervention remained significantly below grade-level peers (PR < 10) on multiple measures of reading skills.
<b>Document any further information discovered during evaluation</b>	Additional, summative assessments of reading skills using standardized, norm-referenced measures of basic reading skills, fluency, and comprehension, found significantly below grade-level skills in comparison with grade-level expectations/norms (PR < 10).
<b>Evaluation Comments:</b>	Tier 3 interventions targeted word identification skills and oral reading fluency. Performance in these areas remained significantly below grade-level expectations for student performance and precluded monitoring of reading comprehension in grade-level text. Although reading comprehension skills were not monitored during Tier 3, it is recommended that James receive Special Education support for these skills. Poor performance on measures of oral reading fluency are highly correlated with reading comprehension skills, therefore, it is reasonable to conclude that James' reading reading comprehension skills will remain below grade-level expectations without individual instructional supports.

## ► APPENDIX B. FREQUENTLY ASKED QUESTIONS

### GENERAL ELIGIBILITY QUESTIONS

#### ***When is it appropriate to include a secondary disability?***

A primary disability is usually understood to be a student's major or overriding disability condition. When a student has more than one impairment or condition, the one that is most disabling typically is identified as "primary." The "secondary" is an additional disability that could be considered primary if the primary disability were to no longer be considered the major or overriding disability condition.

It is not uncommon for students who have a disability to have more than one disability, but the evaluation team must determine which is the major or overriding disability condition. If the two disabilities are concomitant, meaning the team cannot differentiate which disability is the overriding disability condition because they are both major, then it may be appropriate to consider whether the student meets eligibility criteria for the Multiple Disabilities category (see [p. 39](#)).

#### ***When is it inappropriate to include a secondary disability?***

It is inappropriate to have a secondary disability if the primary disability were to resolve, and there was insufficient data to support the secondary disability condition.

Exclusionary criteria exist that would prevent eligibility for some combinations of disabilities. According to the IDEA law (Section 300.8), the definition of SLD states it does not include "mental retardation," now referred to as "Intellectual Disabilities," nor "Emotional Disturbance" as well as the motor (OI) and sensory disabilities (HI, VI, Deaf/Blind). Therefore, students who have been identified as having one of these disabilities (ID, ED, OI or HI, VI, or Deaf-Blind) cannot have a secondary category of SLD. However, this does not preclude the team from providing services for identified academic needs.

Speech-Language Impairment as a Primary Disability with a secondary disability is also inappropriate. SLI would move to the secondary disability if there were evidence of another disability impacting the student.

#### ***What is the process for adding services for areas other than those qualified? (i.e., qualified for reading data, but add math skills; or reading fluency, then add reading comprehension). Do you have to have specific interventions for each area of deficit to receive services in that area (reading fluency vs. reading comprehension)?***

Evaluation procedures and determination of eligibility to determine if a student has a disability under 34 CFR § 300.8, and the educational needs of the student, must be conducted in accordance with 34 CFR §§ 300.304, through 300.306. The MEEGS documents the full comprehensive and individual evaluation of the educational functioning and needs of the student (including evaluation information, evaluation procedures, and results). In addition, it is used to document eligibility determination. The multidisciplinary evaluation must include relevant and functional information from the home and school, or other age-appropriate settings, to provide a comprehensive perspective of the student's educational needs. Information provided by the parent, and information related to enabling the student to be involved in and progress and in general education curriculum (or for a preschool-aged student, to participate in age-appropriate activities), and will be compiled to assist the group in determining whether the student has a disability and requires special education services. For a student to receive services in a specific area (i.e., reading fluency), there must be a documented need that is supported by data that is found in the MEEGS. A student's IEP should always be meeting the needs of the deficits discovered during the assessment that is documented through the MEEGS. It would be considered inappropriate to serve a student in an area that did not have a documented need within the MEEGS.

## SPECIFIC LEARNING DISABILITY EVALUATION QUESTIONS

### ***How do you complete the RTI process and not delay an evaluation request?***

In a memorandum from the US Department of Education to State Directors of Special Education dated January 21, 2011, the Office of Special Education Programs stated that “states and LEAs have an obligation to ensure that evaluation of children suspected of having a disability is not delayed or denied because of implementation of an RTI strategy” (p.1). However, nothing in the guidance precludes the school from collecting RTI data as part of the evaluation process within the evaluation timeframe.

### ***Should I use intervention data to identify a 3-, 4-, or 5- year old as a child with a specific learning disability?***

In a memorandum from the US Department of Education dated June 2, 2010, that specifically addressed RTI data and the identification of children ages 3-, 4-, and 5- years old, they stated that “No. It is not appropriate to require or encourage districts (LEAs) to use an RTI approach before referral of a 3, 4, or 5 years old to determine eligibility for Special Education Services.” Furthermore, they noted that the Specific Learning Disabilities category is generally not appropriate for preschool children with other disabilities as instruction has either just begun or not yet been provided to 3-, 4-, and 5- years old children.

### ***Can an LEA decline a Child Find referral from a Head Start program until the Head Start program monitors the child’s developmental progress using the RTI procedures?***

No. If a referral is received from a “Head Start program, the LEA must initiate an evaluation process to determine if the child is a child with a disability.” The LEA would first need to gain informed consent before conducting the evaluation. Once initial informed consent is obtained, the LEA would have 45 school days to complete the evaluation.

If the LEA does not suspect that the child has a disability and “denies the request for initial evaluation, the LEA must provide written notice to the parent explaining” why the LEA is refusing to evaluate and what information was used to form that decision. “Therefore, it would be inconsistent with the evaluation procedures for the LEA to reject a referral and delay the provision of an initial evaluation on the basis” of not implementing RTI.

### ***Can data collected as part of the Reading Sufficiency Act (RSA) be used as intervention data to make a determination of eligibility for SLD?***

Data collected through the student’s RSA plan can be used as existing intervention data to help determine eligibility for special education services. Special education eligibility should not be determined based on one set of data alone. Additional testing would be required to determine eligibility.

### ***How does a multidisciplinary team determine specific learning disability (SLD) eligibility versus speech-language impairment (SLI) if the suspected disability is in oral expression or listening comprehension? What role should a speech-language pathologist play in the evaluation process?***

For students with a suspected disability in the areas of speech, language, or communication, the evaluation requirement is met with the inclusion of a speech-language pathologist on the multidisciplinary evaluation team. When the suspected disability is SLD in oral expression or an SLD in listening comprehension, the speech-language pathologist brings additional insight and information to the team and should routinely be included in the evaluation process. Careful planning of the assessment battery is recommended so that the various members of the multidisciplinary team know what tests and subtests they are each administering. This will minimize the



over-testing and redundancy of testing in the various areas of the evaluation.

When there is conflicting assessment data, regardless of who administered or gathered the data, the multidisciplinary team needs to collaborate to analyze the discrepancy. The type of language skills, area, modality, and task demand should be explored as possible explanations of the differences. Additional testing, either formal or informal, may be warranted to provide consistency or an explanation of the discrepancy.

To determine SLD versus SLI, the degree of significance of the adverse effect on academic performance is very important. If the academic needs are significant enough that speech therapy alone is not sufficient to help the student make academic progress, then an SLD diagnosis may be warranted.

A student can demonstrate communication differences, delays, or even impairments, without demonstrating an adverse effect on educational performance. Specific criteria for speech-language impairment must be met before a student can be found eligible as a child with a disability with speech-language impairment.

### ***Can a student with Limited English Proficiency (LEP) qualify for services under the category of SLD?***

Yes. Students with Limited English Proficiency who may have a disability must be identified and evaluated for eligibility and services in a timely manner. A Dear Colleague Letter released by the Office of Civil Rights in January 2015 noted that some school districts have a policy of delaying disability evaluations of English Learner (EL) students for special education and related services for a specified period of time based on their EL status. This policy is not permitted under the IDEA and federal civil rights laws.

Educators face an ongoing challenge in distinguishing the process of learning a second language from characteristics of a disability such as SLD (Butterfield, 2017). A student cannot be determined to have a disability if the “determinant factor” is limited English proficiency and if the student does not otherwise meet the definition of a “child with a disability” under the IDEA. Frequently, students at greatest risk of being misidentified as having an SLD are those who have received EL instruction long enough to acquire basic interpersonal communication skills (BICS) but who need more time to develop cognitive academic language proficiency (CALP), which takes approximately 5-7 years ( Cummins, 2003; Thomas & Collier, 1997; Garcia & Ortiz, 2004). Time to develop academic language fluency depends on variables such as language(s) of instruction, academic proficiency in the native language, and degree of support for achieving academic proficiency.

To avoid inappropriately identifying EL students as having SLDs because of their limited English proficiency, EL students must be evaluated appropriately based on their needs and language skills. Members of the multidisciplinary team need to include professionals with training and expertise in second language acquisition and an understanding of how to differentiate between a student’s limited English proficiency and disability. While not always feasible, it is ideal for a bilingual school psychologist or speech pathologist to conduct a preliminary language proficiency assessment of an EL student in their native language and English to determine skill levels in both languages. The results of this preliminary assessment may help guide future assessment decisions such as which language(s) to conduct the cognitive, academic, speech and language, and other relevant portions of the assessment.

When determining whether an EL student may qualify for services under the category of SLD, the evaluation team can consider these questions to inform decision making (Butterfield, 2017).

1. Has the student received intensive interventions using appropriate materials and strategies designed for ELs, and have they been implemented with fidelity over time and demonstrated little or no progress?



2. Does the team have data regarding the rate of learning over time to support that the difficulties are most likely due to a disability versus a language difference?
3. Has the team consulted with the parent regarding learning patterns and language use in the home?
4. Are there error patterns seen in the native language similar to the patterns seen in English?
5. Are the learning difficulties manifested across time and contexts?

***What is the recommended time for intervention(s) to be implemented to determine a student is demonstrating adequate growth?***

This will vary depending on the individual student, the skill targeted, the intervention selected, and the frequency of delivery. Research indicates academic interventions should occur for a minimum of 6-10 weeks, with some students requiring 10-20 weeks or more (Stoiber, 2014; Denton, 2012; Fletcher, Denton, Fuchs, & Vaughn, 2005). Additionally, it is generally recommended that if a student is not progressing after four weeks, then the intervention should be strengthened in duration, frequency, intensity, or skill being targeted (NCRTI, 2012). If parent consent for evaluation has been obtained, and interventions have not been started, then intervention data should be collected during the evaluation process, even if a full 20 weeks cannot be collected.

**➤ APPENDIX C. OVERVIEW OF EVALUATION COMPONENTS BY DISABILITY CATEGORY**

	ASD	DB	DD	ED	HI	ID	MD	OI	OHI	SLD	SLI	TBI	VI
Health/Medical	●	●	●	●	●	●	●	●	●	○	●	●	●
Vision	○	●	○	○	○	○	○	○	○	●	○	●	●
Hearing	○	●	○	○	●	○	○	○	○	●	●	●	●
Motor	●	○	●	○	○	○	●	●	○	○	○	●	○
Communication/ Language	●	●	●	○	●	●	●	○	○	●	●	●	○
Academic Achievement	●	●	●	●	●	●	●	●	●	●	●	●	●
Intellectual/ Cognitive	●	●	●	●	○	●	●	○	○	●	○	●	●
Perceptual/ Processing	●	○	○	○	○	○	●	○	○	●	○	●	○
Developmental	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychological, Social/Emotional	●	○	●	●	○	○	○	○	●	○	○	●	●
Functional Behavior	●	○	○	●	○	○	○	○	○	○	○	○	○
Adaptive Behavior	●	●	●	●	●	●	●	●	○	●	●	●	●
Sociocultural	●	●	●	●	●	●	●	●	●	●	●	●	●
Observations in Classroom/Other Environment	●	●	●	●	●	●	●	●	●	●	●	●	●
Vocational	○	○	N/A	○	○	○	○	○	○	○	○	○	○
Assistive Tech	●	●	○	○	●	○	●	○	○	●	●	○	●
Other Intervention Documentation	●		●	●					●	●			

**LEGEND**

**Required** ●      **Recommended** ●      **As Needed** ○

**► APPENDIX D. NECESSARY DOCUMENTATION FOR DIFFERENT EVALUATION SCENARIOS**

<b>FORMS/ DOCUMENTATION</b>	<b>EVALUATION SCENARIOS</b>				
	<b>Initial Evaluation</b>	<b>Additional Data Needed To Amend IEP</b>	<b>Re-Evaluation With No Further Assessments Needed</b>	<b>Re-Evaluation With Further Assessments Needed</b>	<b>Re-Evaluation To Dismiss From Services</b>
Record of Access/ Special Education File	Determined by District Policy				
Parent Contact Logged	Required				
REDS	Required	As Needed	Required	Required	Required
Consent for Evaluation	Required	Required	Not Required	Required	As Needed
MEEGs	Required	As Needed	Required	Required	Required
Meeting Invitation	Required	As Needed	Required	Required	Required
Comment Form	As Needed				
Written Notice	Required				
Medical Report	As Needed				
Consent to Release/ Share Information	As Needed				
Parent Rights	Required upon initial referral or request for evaluation and at least annually thereafter.				

## ► APPENDIX E. WHEN SHOULD WE SUSPECT A STUDENT HAS A DISABILITY?

As a part of the Child Find process required in federal and state regulations, parent consent should be obtained when a school team has data or is aware of facts and circumstances, which would reasonably lead one to believe the student's performance may be due to an education-related disability. It is reasonable to suspect a student may have a disability if data is consistent with one of the four following scenarios:

**Scenario 1:** The student has a diagnosis of a condition that is specifically listed in IDEA's disability categories or is included within one of IDEA's disability categories, and the condition has a discernible effect on educational performance.

**Scenario 2:** A student's performance is not meeting standards and is unique when compared to peers.

**Scenario 3:** The student has received high-quality instruction (general education core instruction and evidence-based supplemental instruction/intervention), and the student's performance is not meeting standards/not progressing towards meeting standards.

**Scenario 4:** The student has received high-quality instruction (general education core instruction and evidence-based supplemental instruction/intervention), and the student's performance is meeting standards or is progressing towards meeting standards; however, the student requires continued and substantial resources to sustain adequate progress that may include the provision of special education and related services.

If the data indicates a student one of the scenarios mentioned above is occurring, summarize the data used to reach a conclusion and cite this as a justification for seeking parental consent for eligibility evaluation.

If none of these scenarios exist, summarize the data and provide a rationale for the decision not to suspect (e.g., educational performance has changed; other, more plausible factors or exclusionary factors account for the student's performance; needs can be met through general education resources and interventions, etc.). This information can be used to support the district's refusal to conduct an eligibility evaluation.

## ▶ APPENDIX F. VIRTUAL ASSESSMENT GUIDANCE

Virtual service delivery (also referred to as telehealth) is defined as providing services remotely, where the practitioner and student are physically located in two different locations, and services are provided using technology via the Internet. The following table outlines important considerations and guidance for virtual assessment. As more is learned and the practice of telehealth evolves, updates to best practice recommendations are expected. It is vital to remain current on legal mandates and ethical guidelines as they develop.

CATEGORIES	CONSIDERATIONS/GUIDANCE
Practitioner Factors	<p>Training and Competency</p> <ul style="list-style-type: none"> <li>Practitioners should seek training to increase their understanding of potential risks and benefits associated with virtual assessment.</li> <li>Additional training in the use of technology applications and/or virtually administered assessment tools may be needed before use.</li> </ul> <p>Credentials</p> <ul style="list-style-type: none"> <li>Practitioners may consult with OSDE and professional associations as needed to ensure they are practicing within the limits of their credentials.</li> </ul>
Student Factors	<p>Access</p> <ul style="list-style-type: none"> <li>Students with disabilities, students who are from economically marginalized communities, students in rural areas, and students in unstable home environments may encounter barriers to accessing virtual services.</li> <li>Practitioners may need to engage in creative problem-solving to address barriers to student access when possible.</li> </ul> <p>Individual Needs</p> <ul style="list-style-type: none"> <li>Practitioners should consider student needs on a case-by-case basis, and there is no one-size-fits-all approach to virtual assessment.</li> <li>Individual student needs should be carefully considered when determining the appropriateness of virtual assessment.</li> <li>Some assessments may be appropriate to complete with a student or parent virtually, while others may not.</li> </ul> <p>Student Safety</p> <ul style="list-style-type: none"> <li>Emergency response plans need to be in place if students threaten harm to self or others during the course of a virtual assessment.</li> </ul>
Technology	<p>Equipment</p> <ul style="list-style-type: none"> <li>A secure Internet connection and computer equipped with a camera, microphone, and speakers are needed.</li> <li>Adequate privacy, lighting, and picture/audio quality are also important.</li> </ul> <p>Use</p> <ul style="list-style-type: none"> <li>Students and parents may need training and assistance with virtual service delivery.</li> <li>Practitioners should exercise the same level of professionalism when providing virtual services as would be provided in-person.</li> </ul>



Ethics and Law	<p>Privacy and Confidentiality</p> <ul style="list-style-type: none"><li>• Federal laws guiding virtual service delivery include FERPA and HIPAA. While schools typically do not fall under HIPAA regulations, it is ideal to adhere to HIPAA guidelines.</li><li>• Practitioners should ensure secure Internet access (not public WIFI) and video conferencing software with appropriate encryption.</li><li>• Security measures should be in place to protect student information and dispose of data properly.</li></ul> <p>Assessment Reliability and Validity</p> <ul style="list-style-type: none"><li>• While publishing companies may allow practitioners to use assessment tools virtually as they deem appropriate, reliability and validity are of concern.</li><li>• Assessment results may not hold up in a legal proceeding when test construction and norming samples did not include remote administration.</li></ul> <p>Informed Consent</p> <ul style="list-style-type: none"><li>• The parent must be informed of the risks and benefits of virtual assessment prior to providing their consent.</li><li>• Parents must have the right to refuse virtual assessment.</li></ul> <p>Problem-Solving</p> <ul style="list-style-type: none"><li>• Practitioners should monitor and follow guidance from the U.S. Department of Education, Oklahoma State Department of Education, and local educational agencies.</li><li>• Questions about specific cases should be directed to a supervisor or appropriate district-level administrator.</li><li>• To determine the best course of action in individual cases:<ul style="list-style-type: none"><li>◦ Describe the problem situation</li><li>◦ Define the potential ethical-legal issues involved</li><li>◦ Consult available ethical and legal guidelines</li><li>◦ Confer with supervisors and colleagues</li><li>◦ Evaluate the rights, responsibilities, and welfare of all affected parties</li><li>◦ Consider alternative solutions and the likely consequences of each</li><li>◦ Elect a course of action and assume responsibility for this decision</li></ul></li></ul> <p>(Armistead, Williams, and Jacob, 2011)</p>
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## *References*

Armistead, L., Williams, B. B., & Jacob, S. (2011). Professional ethics for school psychologists: A problem-solving model casebook (2nd ed.). National Association of School Psychologists.

National Association of School Psychologists. (2017). Considerations for delivery of school psychological telehealth [Brief]. Bethesda, MD: National Association of School Psychologists.

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Oklahoma State Department of Education. (2020). Oklahoma Distance Learning Special Education Evaluation and Eligibility Guidance. [Brief]. Oklahoma City, OK: Oklahoma State Department of Education.



**▶ APPENDIX G. CONTINUUM OF ADAPTIVE SKILL FUNCTIONING**

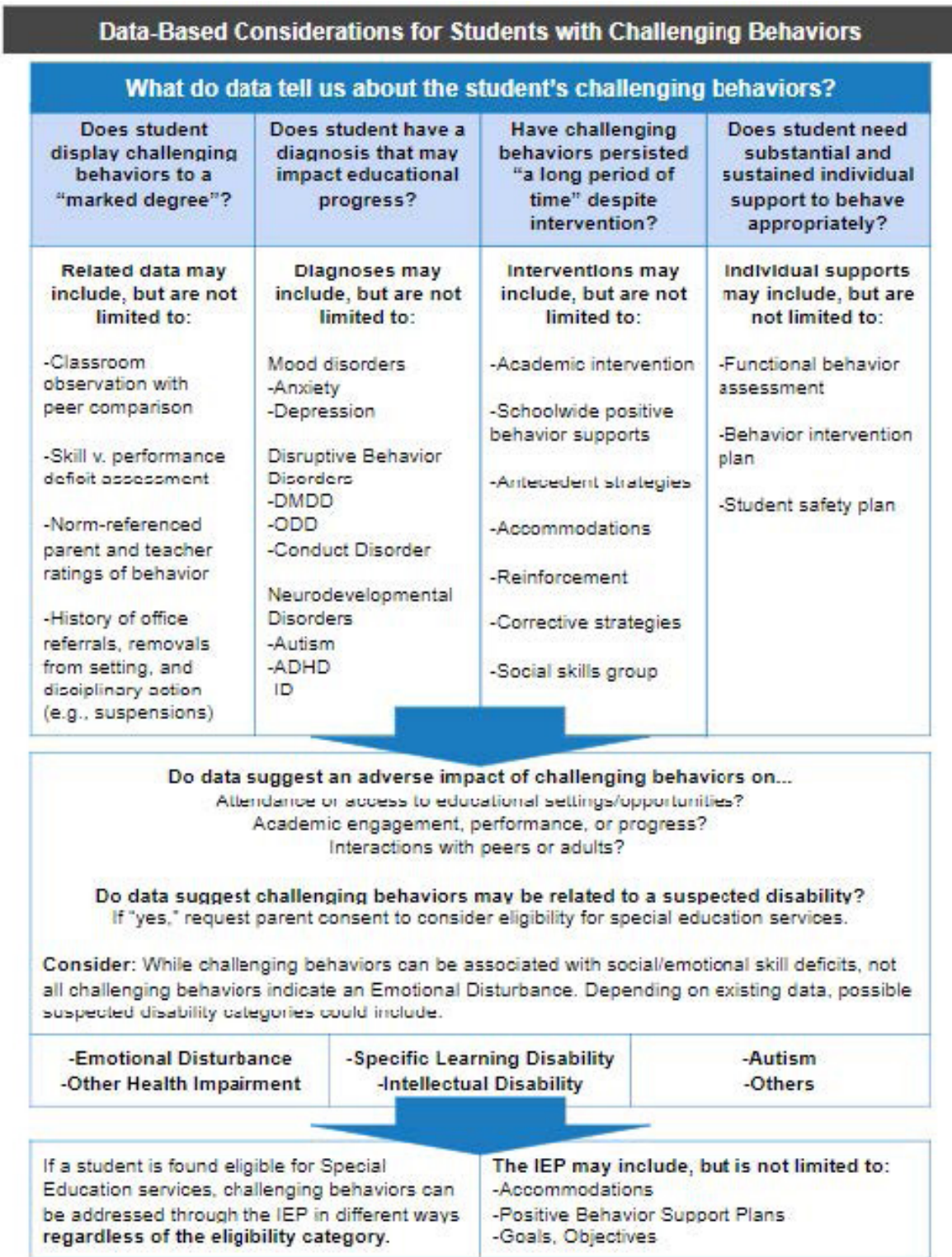
The level of severity should be based on adaptive functioning and not IQ scores. Adaptive functioning determines the supports that are required. IQ measures are less valid at the lower end of the IQ range.

FUNCTIONING LEVEL	CONCEPTUAL	SOCIAL	PRACTICAL
Below Average	<ul style="list-style-type: none"> <li>• Preschool: may have no noticeable difference.</li> <li>• School Age: Academic skill difficulties in one or more areas and requires support.</li> <li>• Older Children: Impaired abilities in abstract thinking, executive functioning, short term memory, and functional use of academic skills (ex. money management).</li> <li>• Generally more concrete approaches to problem-solving than same-age peers.</li> </ul>	<ul style="list-style-type: none"> <li>• Immature social interactions when compared with same-age peers.</li> <li>• Communication, conversation, and language are more concrete and immature than same-age peers.</li> <li>• May have difficulties regulating emotions/ behaviors expected for age</li> <li>• Limited understanding of risk in social situations.</li> <li>• Social judgment is immature for age.</li> <li>• At risk of being manipulated by others.</li> </ul>	<ul style="list-style-type: none"> <li>• May have age-appropriate personal care.</li> <li>• Some support is required for complex daily living tasks in comparison to same-age peers.</li> <li>• Recreational skills similar to same-age peers; however, judgment related to well-being and organization requires support.</li> <li>• Requires support to make important life decisions.</li> <li>• Usually able to learn a skilled vocation.</li> </ul>
Low	<ul style="list-style-type: none"> <li>• Student's development through all stages is markedly delayed from peers of the same age.</li> <li>• Preschool: Language and pre-academic skills develop slowly.</li> <li>• School Age: Progress in academic areas is very slow and limited compared to peers.</li> <li>• Older Children: Academic skills typically develop to an elementary level, and support is required for conceptual tasks in everyday life.</li> </ul>	<ul style="list-style-type: none"> <li>• Clear differences from same-age peers in social and communicative behaviors across development.</li> <li>• Spoken language is less complex than peers.</li> <li>• May not interpret social cues accurately.</li> <li>• Limited social judgment and decision-making skills.</li> <li>• Friendships with typically developing peers are impacted.</li> <li>• Significant support is necessary for social and communication.</li> </ul>	<ul style="list-style-type: none"> <li>• Extended period of teaching needed for personal care needs: eating, dressing, elimination, and hygiene, but can usually be achieved by adulthood.</li> <li>• Household tasks also require extended teaching but can usually be achieved by adulthood.</li> <li>• Maladaptive behaviors with some students can cause social problems.</li> <li>• Significant support is necessary.</li> </ul>

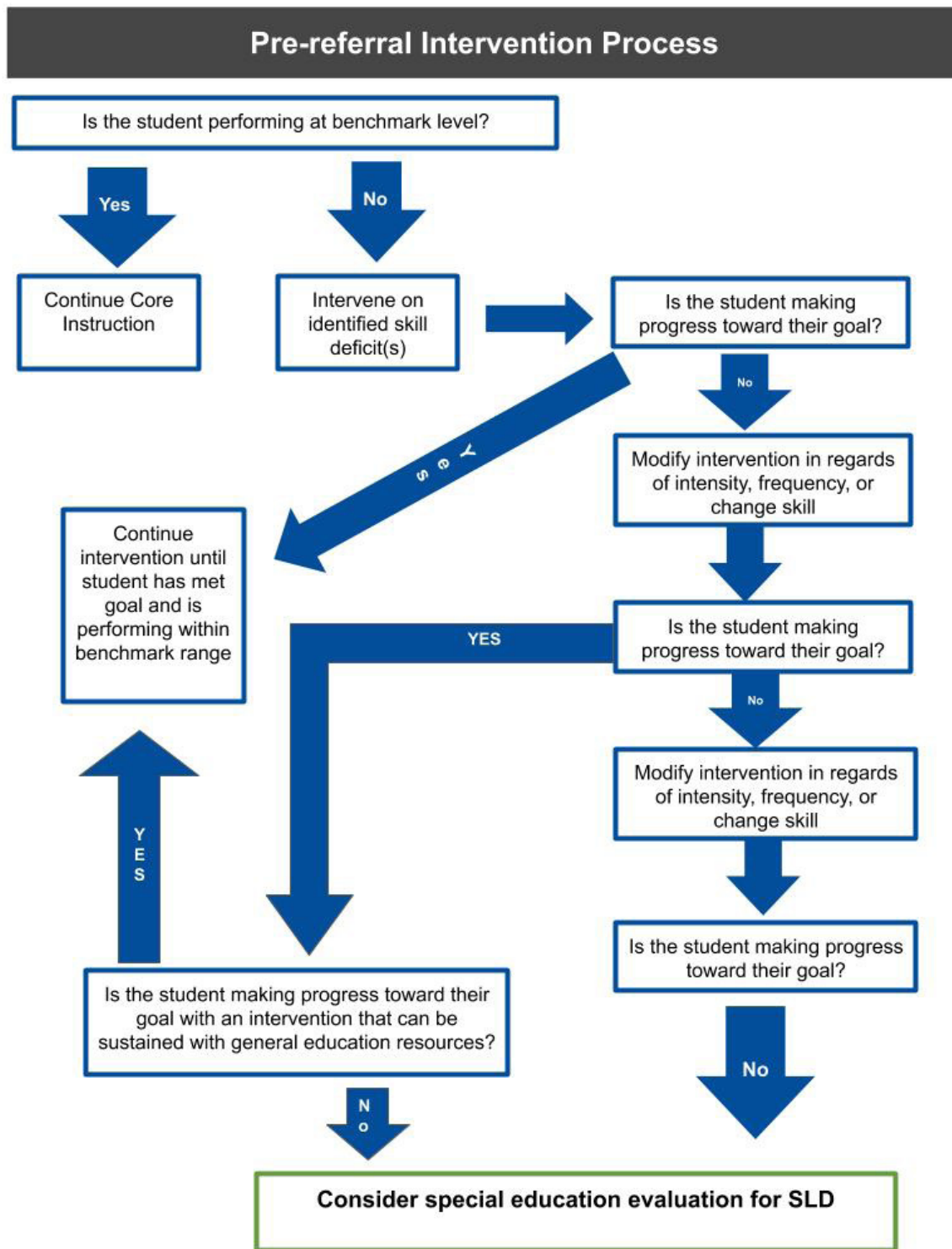
<p>Extremely Low</p>	<ul style="list-style-type: none"> <li>• Attainment of conceptual skills is limited and can generally involve the physical world instead of a symbolic process.</li> <li>• Generally has little understanding of academic* tasks.</li> <li>• Requires extensive support for problem-solving throughout life.</li> <li>• Students may use objects in a goal-directed way for self-care, work, and recreational activities.</li> <li>• Some visuospatial skills, such as matching and sorting based on physical characteristics can/may be acquired.</li> <li>• Co-occurring motor and sensory impairments may prevent the functional use of objects.</li> </ul>	<ul style="list-style-type: none"> <li>• Spoken language is limited in vocabulary and grammar.</li> <li>• Speech may be single words or phrases.</li> <li>• Speech is focused on here and now.</li> <li>• Students have a limited understanding of speech and/or gestural communication.</li> <li>• Expresses wants and needs through mostly simple phrases, single words, and/or nonverbal, non-symbolic communication.</li> <li>• Enjoys relationships with family, caretakers, and familiar others.</li> <li>• May initiate and respond to social interactions through gestures and emotional cues.</li> <li>• Co-occurring sensory and physical impairments may prevent many social activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Supports required for all areas of daily living: meals, dressing, bathing, and elimination. Students may be able to participate in some aspects as they get older.</li> <li>• Requires supervision at all times.</li> <li>• Skill acquisition involves long-term teaching and ongoing support.</li> <li>• May assist with some daily work tasks with support as they get older.</li> <li>• May participate in some recreational tasks with the support of others.</li> <li>• Co-occurring physical and sensory impairments may be barriers for participation.</li> <li>• Some students have maladaptive behaviors, which may include some self-injury.</li> </ul>
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Note: \*Continuum of Adaptive Functioning chart adapted from American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013.

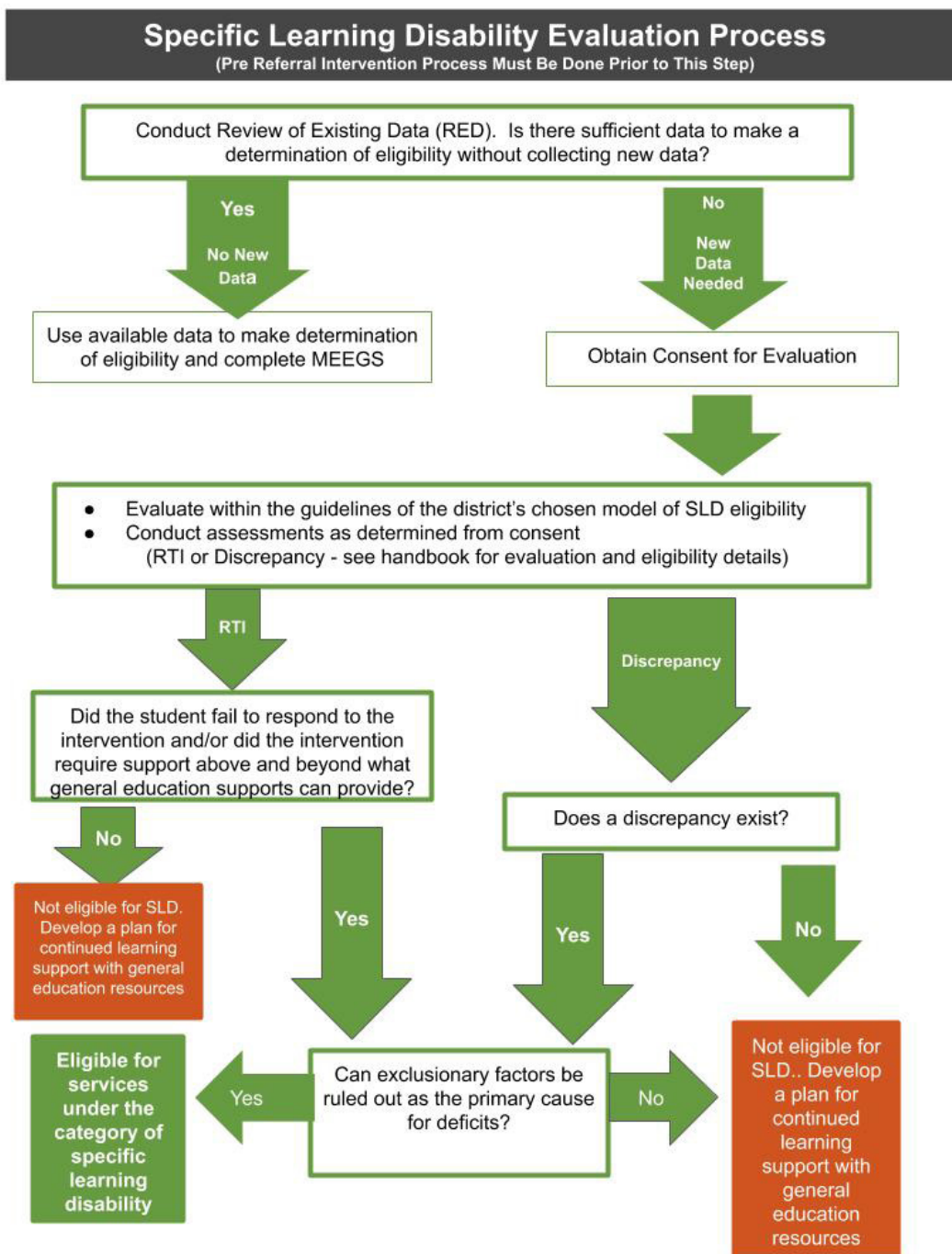
## ▶ APPENDIX H. GUIDANCE FOR ASSESSING CHALLENGING BEHAVIORS



**APPENDIX I. PRE REFERRAL INTERVENTION PROCESS FLOWCHART**



**▶ APPENDIX J. SPECIFIC LEARNING DISABILITY EVALUATION PROCESS FLOWCHART**



**▶ APPENDIX K. ACRONYMS AND ABBREVIATIONS**

504	Section 504 of the Rehabilitation Act of 1973
ABA	Applied Behavior Analysis
ABC	Antecedent, Behavior, Consequence
ABS	Adaptive Behavior Scale
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADM	Average Daily Membership
AEM	Accessible Educational Materials
APR	Annual Performance Report
ASD	Autism Spectrum Disorder
ASHA	American Speech-Language-Hearing Association
ASL	American Sign Language
ATAP	Assistive Technology Act Program
AT	Assistive Technology
AYP	Adequate Yearly Progress
BIP	Behavior Intervention Plan
CAP	Corrective Action Plan
CBM	Curriculum-Based Measurement
CD	Conduct Disorder
CEC	Council for Exceptional Children
CEIS	Coordinated Early Intervening Services
CFR	Code of Federal Regulations
CIP	Continuous Improvement Plan
COTA	Certified Occupational Therapist Assistant
CP	Cerebral Palsy
DB	Deaf-Blindness



DD	Developmental Delay
DHS	Department of Human Services
DIBELS	Dynamic Indicators of Basic Early Literacy Skills
DOC	Department of Corrections
DP	Due Process
DSM	Diagnostic and Statistical Manual of Mental Disorders
EC	Early Childhood
ECE	Early Childhood Education
ED	Emotional Disturbance
ESEA	Elementary and Secondary Education Act
EL	English Learner
ESSA	Every Student Succeeds Act
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FBA	Functional Behavior Assessment
FERPA	Family Educational Rights and Privacy Act
GED	General Educational Development
GEPA	General Education Provisions Act
GPA	Grade Point Average
GT	Gifted/Talented
HI	Hearing Impairment
HOUSSE	High Objective Uniform State Standard of Evaluation
IAES	Interim Alternative Educational Setting
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act 2004
IDELR	Individuals with Disabilities Education Law Report
IEE	Independent Educational Evaluation
IEP	Individualized Education Program



IFSP	Individual Family Service Plan
IQ	Intelligence Quotient
ISP	Individualized Service Plan
LEA	Local Education Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment
MD	Multiple Disabilities
MEEGS	Multidisciplinary Evaluation and Eligibility Group Summary
MTSS	Multi-Tiered System of Supports
NAEP	National Assessment of Educational Progress
NASDSE	National Association of State Directors of Special Education
NS	Nonstandard Accommodation
OAC	Oklahoma Administrative Code
OAAP	Oklahoma Alternate Assessment Program
OCD	Obsessive-Compulsive Disorder
ODD	Oppositional Defiant Disorder
OCR	Office for Civil Rights
ODLC	Oklahoma Disability Law Center
OJA	Office of Juvenile Affairs
OHI	Other Health Impairment
OI	Orthopedic Impairment
OMB	Federal Office of Management and Budget
OPC	Oklahoma Parent Center
OSDE	Oklahoma State Department of Education
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitative Services
OSTP	Oklahoma School Testing Program
OT	Occupational Therapy
OTISS	Oklahoma Tiered Intervention System of Support





PBIS	Positive Behavioral Interventions and Supports
PBS	Positive Behavioral Supports
PDD	Pervasive Developmental Delay
PP	Paraprofessional
PT	Physical Therapy
PTA	Physical Therapist Assistant
RDA	Results Driven Accountability
RED	Review of Existing Data
RtI	Response to Intervention
SBI	Serious Bodily Injury
SBE	State Board of Education
SBR	Scientifically-Based Research
SD	Standard Deviation
SEA	State Education Agency
SES	Special Education Services
SIG	School Improvement Grant
SLI	Speech/Language Impairment
SLP	Speech-Language Pathologist
SLPA	Speech-Language Pathologist Assistant
SOP	Summary of Performance
SLD	Specific Learning Disability
SPP	State Performance Plan
SS	Standard Score or Scaled Score
SSIP	State Systemic Improvement Plan
STN	Student Testing Number
WWC	What Works Clearinghouse
TBI	Traumatic Brain Injury
VI	Visual Impairment

## ► APPENDIX L. GLOSSARY

**Academic Achievement.** A student's level of performance in basic school subjects, measured either formally or informally.

**Accessible educational materials (AEM).** Educational materials and technologies usable for learning across the widest range of individual variability, regardless of format or features; this includes technology designed to be accessible for all learners or is made accessible for learners with disabilities.

**Accommodation.** Changes in the curriculum, instruction, or testing format or procedures that enable students with disabilities to participate in the general education curriculum. Accommodations should be considered to include assistive technology as well as changes in presentation, response, timing, scheduling, and settings that do not fundamentally alter the requirements. Accommodations do not invalidate assessment results.

**Adaptation.** The broader application of altering curriculum to meet the needs of learners, either by providing accommodations or modifications to what is being taught. Changes to curriculum, instruction, or assessments that fundamentally alter the requirements but that enable a student with an impairment an opportunity to participate in general education. Adaptations include strategies that change the level of learning expectation.

**Adaptive Behavior.** Behavior that displays an age-appropriate level of self-sufficiency and social responsibility, which includes the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, direction, functional academic skills, work, leisure, health, or safety.

**Adequate Progress.** Based on an individual student's trajectory toward expected grade level performance within a reasonable time period, consistent with national or local growth rate comparisons.

**Adverse Educational Impact.** Any harmful or unfavorable influence that a disability has on a student's educational performance in academic (reading, math, communication, etc.) or non-academic areas (daily life activities, mobility, pre-vocational and vocational skills, social adaptation, self-help skills, etc.).

**Adult Student.** A student with a disability, age 18 or older, to whom rights have transferred under the IDEA and Oklahoma Administrative Code or a student under the age of 18 declared an adult by a court of law.

**Age-Appropriate Activities.** Activities that typically-developing children of the same age would be performing or would have achieved.

**Age of Majority.** The age at which, by law, a child assumes the responsibilities of an adult. In Oklahoma, the age of majority is 18. Beginning at least one year before the child reaches the age of majority, the IEP must include a statement that the student has been told of any rights that will transfer to him or her at the age of majority.

**Aggregated Data.** Information that is considered as a whole. In this manual, the term refers to collective data on all students, including students with disabilities.

**Alternate Assessment.** A specific assessment, developed by the state in lieu of statewide assessments or by the district in lieu of districtwide assessments, designed to measure functional skills within the same domains required by the regular statewide or district-wide assessments. It is designed for students who are unable to demonstrate progress in a typical manner and who meet the state-established criteria.

**Annual Goals.** The student can reasonably accomplish these goals in a year. The goals can be broken down into short-term objectives or benchmarks. Goals may be academic, address social or behavioral needs, relate to physical needs, or address other educational needs. The goals must be measurable-meaning that it must be possible to measure whether the student has achieved the goals.

**Articulation.** The ability to speak distinctly and connectedly. The formation of clear and distinct sounds in speech.

**Articulation Disorder.** Incorrect productions of speech sounds, including omissions, distortions, substitutions and/or additions that may interfere with intelligibility.

**Assessment.** The formal or informal process of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. It is an integral component of the evaluation process. A test is one method of obtaining credible new information within the assessment process. Assessment data may also include observations, interviews, medical reports, data regarding the effects of general education accommodations and adaptations and interventions, and other formal or informal data.

**Assistive Technology Device.** Any item, piece of equipment, or product system, whether acquired commercially, off a shelf, modified, or customized that is used to increase, maintain, or improve the functional capabilities of a student with a disability. Excludes surgically implanted medical devices.

**Assistive Technology Service.** Any service that directly assists a student with a disability with the assessment, selection, acquisition, or use of an assistive technology device.

**Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD).** A biologically-based mental disorder that has these typical characteristics: inappropriate degrees of inattention or short attention span; impulsive, hyperactive, distractive behavior; difficulty following directions and staying on task; and an inability to focus behavior. The disorder comprises many skills needed for academic success, including starting, following through with, and completing tasks, moving from task to task; and following directions.

**Audiologist.** A licensed health care professional who diagnoses hearing loss, selects and fits hearing aids.

**Autism.** An IDEA disability category in which a developmental disability, generally evident before age 3, significantly affects verbal and nonverbal communication skills and social interactions and adversely affects educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism is a neurodevelopmental disorder characterized by impaired social interaction, impaired verbal and non-verbal communication, and restricted and repetitive behavior. Parents usually notice signs in the first two years of their child's life. These signs often develop gradually, though some children with autism reach their developmental milestones at a normal pace and then regress.

**Behavioral Intervention Plan (BIP).** An individualized plan comprised of the data following a student's functional behavior assessment (FBA) designed to teach and reward positive behaviors. The BIP describes the problem behavior, the reasons the behavior occurs, and the intervention strategies that will address the problem behavior. These strategies address preventative techniques, teaching replacement behaviors, how to respond or resolve behaviors, and crisis management, if necessary.

**Benchmark.** A standard or point of reference against which things may be compared or assessed. A major milestone which describes the progress the student is expected to make toward annual goals within a specified time period.

**Certified Occupational Therapy Assistant (COTA).** A professional who possesses an Oklahoma license and is charged with developing, recovering, and improving the skills needed for daily living and working. COTAs are directly involved in providing therapy to patients; COTAs typically perform support activities. COTAs work under an Occupational Therapist.

**Change of Placement.** Removal of a child with a disability from the child's current educational placement. When the removal is for disciplinary purposes, regulations apply, 34 CFR §300.536.

**Change of Placement for Disciplinary Reasons.** A removal from the current educational placement for more than 10 consecutive school days or a series of removals that constitute a pattern when they total more than 10 school days in a school year. Factors such as the length of the removal, the proximity of the removals to one another, and the total amount of time the student is removed are indicators of a pattern.

**Child.** An individual who has not reached age 18.

**Child Find.** A process to locate, identify, and evaluate students who reside in the district and may be in need of special education. Mandated through IDEA, Child Find requires all school districts to identify, locate, and evaluate all children with disabilities, regardless of the severity of their disabilities. This obligation to identify all children who may need special education services exists even if the school is not providing special education services to the child.

**Compensatory Education.** Educational services that are above and beyond those normally due to a student under his or her state's education law. The principle is acknowledged by most courts that have considered the issue to be an appropriate remedy when a student has been denied a Free Appropriate Education (FAPE).

**Complaint.** A formal written statement submitted to the Oklahoma State Department of Education by an individual or organization that contains one or more allegations and the facts on which the statement is based that a district or agency has violated a requirement of Part B of the IDEA.

**Comprehensive Early Intervening Services (CEIS).** Services for students who need additional academic and behavioral support to succeed in a general education environment. These students have not been identified as having a disability.

**Consensus.** Has two common meanings.

1. A general agreement among the members of a given group or community, each of which exercises some discretion in decision making and follow-up action.
2. A decision-making process that not only seeks the agreement of most participants but also to resolve or mitigate the objections of the minority to achieve the most agreeable decision.

Consensus is usually defined as meaning both: a) general agreement and b) the process of getting to such agreement. Consensus decision-making is thus concerned primarily with that process.

**Consent.** Voluntary, written approval of a proposed activity, as indicated by a parent or adult student signature. The parent/adult student must be fully informed in his or her native language or other modes of communication and must understand all information relevant to the activity to make a rational decision.

**Core Academic Subjects.** These include English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography non-compliance defined in the ESEA.

**Critical Life Skill.** Skills that lead to independent functioning. Development of these skills can lead to reduced dependency on future caretakers and enhance students' integration with nondisabled individuals. Skills may include such things as toileting, feeding, mobility, communication, dressing, self-help, and social/emotional functioning.

**Curriculum Based Measurements (CBM).** Is a method teachers use to find out how students are progressing in basic academic areas such as math, reading, writing, and spelling.

**Data-Based Decision Making.** The collecting of information that can be charted or graphed to document performance over time, followed by an analysis of the information to determine needed changes in policies, programs, or procedures.

**Deaf-Blindness.** An IDEA disability category in which a student demonstrates hearing and visual impairments, and where the combination of these two disabilities causes such severe communication and other developmental and educational needs that the student cannot be accommodated with special education services designed solely for students with deafness or blindness.

**Deafness.** An IDEA disability category in which a hearing impairment is so severe that the student, with or without amplification, is limited in processing linguistic information through hearing, which adversely affects educational performance.

**Detained Youth.** Anyone ages 3 through 21 who is being held for a crime regardless of whether or not that person has appeared before the court.

**Developmental Achievement.** Gains a student makes, which follow the pedagogic theory that all children learn in the same basic way and in the same sequence, although at different rates.

**Developmental Delay (DD).** An IDEA disability category used only for students ages 3 through 9 for whom a significant delay exists in one or more of the following skill areas: receptive/expressive language; cognitive abilities; gross/fine motor functioning; social/emotional development; or self-help/adaptive functioning. The use of this category is optional for districts.

**Disaggregated Data.** Information that is reported and/or considered separately on the basis of a particular characteristic. In this manual, the term refers to data on special education students as a group that is reported and/or considered separately from the same data on all students in a school, district, or state.

**Discipline.** A set of rules or techniques designed by a district for the purpose of minimizing disruption and promoting positive interaction.

**Disclosure.** The access to or the release, transfer, or other communication of education records or personally identifiable information contained in these records by oral, written, electronic, or other means.

**Discrepancy Formula.** A method of determining the difference between a student's expected level of academic achievement and intellectual ability is used to establish eligibility for special education under the category of specific learning disability.

**Disproportionality.** A disparity or inequality. In this manual, the term refers to a statistical range of data where students of a specific race or ethnicity are identified in either greater or fewer numbers than expected when compared to the representation of that race or ethnicity within the general school population. The areas addressed in the IDEA 2004 are (1) identification as a student with a disability; (2) identifications of a student with a specific category of disability; and (3) placement in a particular educational setting.

**Dropout.** A student who has left an education system before the completion of requirements and is not known to be enrolled in any other educational program.

**Due Process Hearing.** An administrative hearing conducted by an OSDE-appointed hearing officer to resolve disputes on any matter related to identification, evaluation, educational placement, or the provision of a free appropriate public education.

**Dyscalculia.** Dyscalculia is a specific learning disability in math that impairs an individual's ability to learn number-related concepts, perform accurate math calculations, reason and problem solve, and perform other basic math skills.

**Dysgraphia.** Dysgraphia is a specific learning disability that affects writing abilities. It can manifest itself as difficulties with spelling, poor handwriting, and trouble putting thoughts on paper.

**Dyslexia.** Dyslexia is a specific learning disability in reading that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

**Early Intervention.** Services for at-risk children from birth to their third birthdays, as mandated by the Individuals with Disabilities Education Act (IDEA).

**Education Record.** A student's record maintained by an educational agency or institution or by a party acting for the agency or institution, which may include, but is not limited to print, handwriting, computer media, video or audiotape, film, microfilm, and microfiche, but is not within the exceptions set out in FERPA.

**Educational Services Agency, other public institution, or agencies.** (1) An educational service agency, as defined in 34 CFR §300.12; and (2) Any other public institution or agency having administrative control and direction of a public elementary school or secondary school, including a public nonprofit charter school that is established as an LEA under State law.

**Elementary School.** The term 'elementary school' means a nonprofit institutional day or residential school, including a public elementary charter school, that provides elementary education, as determined under State law, 34 CFR §300.13.

**Emotional Disturbance.** An IDEA disability category in which a student has a condition exhibiting one or more of five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects educational performance. The term does not include students who are socially maladjusted unless it is determined they have an emotional disturbance. The term emotional disturbance does include students who are diagnosed with schizophrenia.

**Essential Components of Reading Instruction.** The term means explicit and systematic instruction in

- (a) Phonemic awareness
- (b) Phonics
- (c) Vocabulary development
- (d) Reading fluency, including oral reading skills and
- (e) Reading comprehension strategies.

**Evaluation.** A term that means using all required procedures to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

**Evaluation Group.** A group of people, including the parent/adult student, charged with the responsibility to make decisions regarding evaluation, assessments, and eligibility. This team includes the same membership as the IEP team (although not necessarily the same individuals) and other qualified professionals as appropriate.

**Evidence-based Instruction.** Evidence-based instruction refers to instructional practices that have a record of success and have been proven by systematic, objective, valid, and peer-reviewed research to lead to predictable gains in student achievement. Other similar terms are research-based instruction and scientifically based research instruction.

**Expedited Due Process Hearing.** An administrative hearing conducted by an Oklahoma Special Education Resolution Center (RESC)-appointed hearing officer to resolve disputes concerning discipline for which shortened timelines are in effect in accordance with the IDEA.

**Extended School Year (ESY).** A program to provide special education and related services to an eligible student with a disability beyond the conventional number of instructional days or minutes in a school year and at no cost to the parents. An ESY program must be based on an IEP team decision.

**Extracurricular Activities.** Programs sponsored by a district that are not part of the required curriculum but are offered to further the interests and abilities of students.

**Family Educational Rights and Privacy Act (FERPA).** A federal law protecting the privacy of students and parents by mandating that personally identifiable information about a student contained in education records must be kept confidential. FERPA also contains provisions for access to records by parents, students, staff, and others.

**Fluency Disorder.** Stoppages in the flow of speech that are abnormally frequent and/or abnormally long. These interludes take the form of repetitions of sounds, syllables, or single-syllable words, prolongations of sounds, or blockages of airflow and/or voicing in speech.

**Free Appropriate Public Education (FAPE).** A basic IDEA requirement which states that special education and related services are provided at public expense (free); in conformity with an appropriately developed IEP (appropriate); under public supervision and direction (public); and include preschool, elementary, and secondary education that meets the education standards, regulations, and administrative policies and procedures issued by the State Department of Education (education).

**Functional Achievement and Performance.** Gains made by a student, which include programming in community living, reading, communication, self-care, social skills, domestic maintenance, recreation, employment, or vocational skills. Also called independent living skills.

**Functional Behavioral Assessment (FBA).** A systematic process for defining problem behavior and gathering medical, environmental, social, and instructional information that can be used to hypothesize about the function of student behavior. FBA assessment is used for students with emotional or behavioral problems that are interfering with their educational progress or the progress of other students. The FBA can be used to develop an IEP or provide information for verification of a disability.

**General Education Curriculum.** The curriculum that is designed for all students usually consisting of a common core of subjects and curriculum areas adopted by a district that are aligned to the Oklahoma Academic Standards or district standards. The general education curriculum is defined by either the Oklahoma Academic Standards or the district content standards if they are as rigorous.

**General Education Interventions.** Educational interventions designed to address 95% of the students using the core and supplemental curriculum interventions. Such interventions use whole-school approaches, scientifically-based programs, and positive behavior supports, including accommodations and instructional interventions conducted in the general education environment. These interventions may also include professional development for teachers and other staff to enable such personnel to deliver scientifically-based literacy instruction and/or instruction on the use of adaptive and instructional software.

**Goal.** A measurable statement that includes behavior, evaluation procedures, and performance criteria and describes what the student is reasonably expected to accomplish from the specialized education program within the time covered by the IEP (generally one year).

**Graduation.** The point in time when a student meets the minimum state and district requirements for receipt of a regular high school diploma.

**Guardianship.** A judicial determination under which a competent adult has the legal right and duty to deal with problems, make decisions and give consent for an adult with a disability (at least 18 years of age) who cannot act on his or her own behalf. The court will specify the nature and scope of the guardian's authority.

**Hearing Impairment (HI).** An IDEA disability category in which a student has a permanent or fluctuating hearing loss that adversely affects the student's educational performance but is not included under the category of deafness.

**Highly Qualified.** The standard, which personnel must possess with the appropriate certification, endorsement, licensure, coursework, training, skills, and qualifications to provide direct instruction in a core content area.

**Homeless Children and Youth.** Children and youth who lack a fixed, regular, and adequate nighttime residence.

**Honig Injunction.** A court order to remove a special education student from school or current educational placement due to factors of dangerousness. Districts are required to continue with the provision of FAPE.

**Inclusion/Inclusive Classroom.** Inclusion in education is an approach to educating students with special educational needs. Under the inclusion model, students with special needs spend most or all of their time with non-special needs students. Inclusion rejects the use of special schools or classrooms to separate students with disabilities from students without disabilities.

**Independent Educational Evaluation (IEE).** One or more assessment(s) conducted by a qualified examiner(s) who is not employed by or contracted by the public agency or district responsible for the education of the student in question.

**Individualized Education Program (IEP).** A written document (developed collaboratively by parents and school personnel) which outlines the special education program for a student with a disability. This document is developed, reviewed, and revised at an IEP meeting at least annually. Individualized Education Program (IEP) Team. Established by the IDEA, an IEP team is responsible for determining a student's placement, developing the student's IEP, and reviewing/revising the student's IEP and placement at least annually. An IEP team is comprised of required members; the IEP team may include other stakeholders, when appropriate.

**IEP Teacher of Record (TOR).** A member of the evaluation and/or IEP team (usually the special education teacher) who is designated to perform administrative functions for the team, including: (1) setting up meetings; (2) ensuring appropriate forms are completed; (3) ensuring timelines are met; (4) notifying participants of the times and dates of meetings; and (5) possesses the appropriate certification for the student's disability.



**Individualized Family Service Plan (IFSP).** A written individualized plan for an infant or toddler with a disability that is developed by a multidisciplinary team, including the parents, reference Public Law 108-446, Section 636(C).

**Individualized Services Plan (ISP).** A written statement that describes the special education and related services the LEA will provide to a parentally-placed child with a disability enrolled in a private school, who has been designated to receive services, including the location of the services and any transportation necessary, consistent with Section 34 CFR §300.132, and is developed and implemented in accordance with Sections 34 CFR §300.137 through 34 CFR §300.139, 34 CFR §300.37.

**Initial Provision of Service.** The first time that a child with a disability is provided with special education services. This is also referred to as the “initial placement” and means the first time a parent is offered special education and related services for their child after an initial evaluation.

**In-lieu of Transportation.** An alternate method of transporting students to and from school. In-school Suspension. A disciplinary technique considered a less restrictive alternative to sending a student home that involves excluding the student from the regular classroom and assigning him or her to a temporary location where students work and receive a minimum amount of privileges.

**Instructional Intervention.** An action or strategy based on an individual student’s problem that is designed to remedy, improve, or eliminate the identified problem.

**Intellectual Disabilities (ID).** An IDEA disability category in which sub-average intellectual functioning exists concurrently with deficits in adaptive behavior. These deficits are manifested during the student’s developmental period and adversely affect the student’s educational performance. The term “mental retardation” was previously used to refer to this condition.

**Interagency Agreement.** A written document that defines the coordination between the state and/or public/private agencies and/or districts with respect to the responsibilities of each party for providing and funding programs and services.

**Interim Alternative Educational Setting (IAES).** The educational setting, in which a district may place a student with a disability, for not more than 45 school days, if the student while at school, on school premises or at a school function carries a weapon or possesses a weapon; possesses, uses, sells or solicits the sale of drugs or controlled substances; or has inflicted serious bodily injury upon another person. An IAES may also be ordered by a due process hearing officer based upon evidence that maintaining the current placement is substantially likely to result in injury to the student or others.

**Interim IEP.** A short-term IEP (30 school days or less) with all the components of a standard IEP developed by the IEP team. It may be used for students transferring from other districts pending the development of the standard IEP.

**Interpreting Services.** Oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and special interpreting services for children who are deaf-blind. (34 CFR §300.34.4.i)

**Interventions.** Sets of teaching procedures used by educators to help students who are struggling with a skill or lesson succeed in the classroom.

**Language Impairment.** An IDEA disability category in which a delay or disorder exists in the development of comprehension and/or the uses of spoken or written language and/or other symbol systems and which adversely affects the student's educational performance. A language impairment may involve any one or a combination of the following: the form of language (morphological and syntactic systems), the content of language (semantic systems), and/or the function of language in communication (pragmatic systems).

**Least Restrictive Environment (LRE).** The IDEA 2004 requirement that students with disabilities, including those in public or private institutions or other care facilities, be educated with students who are nondisabled to the maximum extent appropriate.

**Limited English Proficient (LEP).** Students from language backgrounds other than English who need language assistance services in their own language or in English in the schools and who meet one or more of the following conditions: (1) the student was born outside of the United States, or his or her native language is not English; (2) the student comes from an environment where a language other than English is dominant; or (3) the student is American Indian or Alaskan Native and comes from an environment where a language other than English has had a significant impact on his or her level of English language proficiency. The student also has sufficient difficulty speaking, reading, writing, or understanding the English language to deny him or her the opportunity to learn successfully in English-only classrooms.

**Local Education Agency (LEA).** A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

**Manifestation Determination.** A determination by the IEP team of whether or not the misconduct of a student with a disability was (1) a demonstration of the disability, that is, an inability to understand impact and consequences or an inability to control behavior; (2) the result of an inappropriate placement; and/or (3) the lack of provision of services consistent with the IEP and placement.

**McKinney-Vento Homeless Assistance Act.** This law is designed to address the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school. Under this program, state educational agencies (SEAs) must ensure that each homeless child and youth has equal access to the same free, appropriate public education, including public preschool education, as other children and youth.

**Measuring Progress/Progress Monitoring.** The IEP must state how the child's progress will be measured and how parents will be informed of their progress.

**Mediation.** A voluntary, informal process in which an impartial third party mediator helps parents and district or agency personnel resolve a conflict. Mediation usually results in a written agreement that is mutually acceptable to both parties.

**Medicaid Services (School-Based).** Those related services, assessment, and plan development for students receiving Medicaid, which school districts may bill for reimbursement.

**Migrant Student.** A student of compulsory school attendance age who has not graduated from high school or completed a high school equivalency certificate and resides within a family that is composed of migrant fisher or agricultural workers. The student has moved within the preceding 36 months in order for the family to obtain or seek this type of temporary or seasonal employment that is a principal means of livelihood.

**Multiple Disabilities (MD).** An IDEA disability category in which two or more impairments co-exist (excluding deaf-blindness), whose combination causes such severe educational problems that the student cannot be accommodated in special education services designed solely for one of the impairments. Multiple disabilities are generally lifelong, significantly interfere with independent functioning, and may necessitate environmental accommodations and adaptations to enable the student to participate in school and society.

**Native Language.** The language or mode of communication normally used by an individual or, in the case of a student, the language normally used by the student's parents. In direct contact with a student, the native language would be the language or mode of communication normally used by the student and not the parents, if there is a difference between the two.

**Nonpublic School.** An educational institution providing instruction outside a public school, including but not limited to a private school or home school.

**Nursing Services.** See "School health services."

**Objectives.** Measurable, intermediate steps that describe the progress the student is expected to make toward an annual goal in a specified amount of time, similar to a benchmark.

**Occupational Therapist.** A professional licensed through the Bureau of Occupational Licenses who, in a school setting, is responsible for assessing fine motor skills, including student's use of hands and fingers, and developing and implementing plans for improving related motor skills. The occupational therapist focuses on daily living skills such as eating, dressing, school work, play, and leisure.

**Oklahoma Academic Standards (OAS)** Oklahoma Academic Standards serve as expectations for what students should know and be able to do by the end of the school year.

**Office of Special Education Programs (OSEP).** The branch of the Office of Special Education and Rehabilitative Services (OSERS) within the U.S. Department of Education, which is responsible for administering programs relating to the free appropriate public education to all eligible beneficiaries.

**Other Health Impairment (OHI).** An IDEA disability category in which a student exhibits limited strength, vitality or alertness, including heightened alertness to environmental stimuli that is due to chronic or acute health problems (such as asthma, ADD or ADHD, cancer, diabetes, epilepsy, Fetal Alcohol Syndrome, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome and stroke) to such a degree that it adversely affects the student's educational performance.

**Orthopedic Impairment (OI).** An IDEA disability category that includes physical impairments that adversely affects a student's educational performance and are caused by congenital anomaly (e.g., clubfoot, absence of an appendage, etc.); disease (e.g., poliomyelitis, bone tuberculosis, etc.); or from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contracture).

**Parent.** A biological, adoptive, or foster parent, a legal guardian, a person acting as a parent, or a surrogate parent who has been appointed by the district. The term "acting as a parent" includes persons such as a grandparent or stepparent with whom the student lives, as well as persons who are legally responsible for a student's welfare. The term does not include state agency personnel if the student is a ward of the state. A foster parent may act as a parent if the biological parent's authority to make education decisions on behalf of his or her child has been terminated by legal action and the foster parent meets the criteria outlined below:

1. Parent and/or adult student;
2. A biological or adoptive parent of a child;

3. A foster parent;
4. A guardian generally authorized to act as the child's parent or authorized to make educational decisions for the child (but not the State if the child is a ward of the State);
5. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
6. A surrogate parent who has been appointed by the school district. If the child is a ward of the state, the judge overseeing the child's case may appoint the surrogate. The surrogate may not be an employee of the state or local education agency or any other agency that is involved in the education or care of the child, has no personal or professional interest which conflicts with the interest of the child, has knowledge and skills that ensure adequate representation of the child.

**Part B.** Part of the IDEA that relates to the assistance to states for the education of students with disabilities who are ages 3 through 21.

**Part C.** Part of the IDEA that relates to the assistance to states for the education of children with disabilities and the early intervention programs for infants and toddlers, ages birth through 2, with disabilities.

**Peer-Reviewed Research.** A higher level of non-biased research, which has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective and scientific review.

**Personally Identifiable Information.** Includes but not limited to, student's name, name of parent or other family members, address of student or family, social security number, student number, list of personal characteristics that would make the student's identity easily traceable, or other information that would make it possible to identify the student with reasonable certainty.

**Phonology.** The process used in our language that has common elements (sound patterns) that affect different sounds.

**Phonology Disorders.** Phonology disorders are errors involving phonemes, sound patterns, and the rules governing their combinations.

**Physical Therapist (PT).** A professional licensed through the Bureau of Occupational Licenses who, in the school setting, assesses students' needs and provides interventions related to gross motor skills. In working with students with disabilities, the physical therapist provides treatment to increase muscle strength, mobility, endurance, physical movement, and range of motion; improve posture, gait, and body awareness; and monitor function, fit and proper use of mobility aids and devices.

**Positive Behavioral Interventions and Supports (PBS/PBIS).** Positive reinforcers, rewards, or consequences provided to a child for specific instances of behavior that impede learning or the learning of others (or refraining from behavior) as appropriate for the purpose of allowing the student to meet his or her behavioral goals/benchmarks.

**Power of Attorney.** The designation, in writing, by a competent person of another to act in place of or on behalf of another person.

**Present Levels of Performance.** A statement of the student’s current level of achievement or development in an area of need and how the student’s disability affects his or her involvement and progress in the general education curriculum. Present levels of academic achievement and functional performance (PLAAFP), typically shortened to ‘present levels’ is a central component of the IEP and is intended to comprehensively describe a child’s abilities, performance, strengths, and needs. It is based on all the information and data previously collected and known about the child, most especially the full and individual evaluation of the child that must be conducted in accordance with IDEA’s evaluation/eligibility provisions.

**Private School.** A school that is not funded by or under federal or state control or supervision.

**Procedural Safeguards.** The formal requirements of Part B of the IDEA 2004 that are designed to allow a parent/adult student to participate meaningfully in decisions concerning an appropriate educational program for a student with a disability and, if necessary, dispute such decisions—also referred to as special education rights.

**Progress Monitoring.** Is used to assess students’ academic performance, to quantify a student rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of instruction.

**Professional Development.** High-quality, comprehensive programs that are essential to ensure that persons responsible for the education or transition of students with disabilities possess the skills necessary to address the educational and related needs of these students. These should be scientifically-based and reflect successful practices, including strategies for recruiting, hiring, preparing, and retaining personnel.

**Psychosocial Rehabilitation (PSR).** These services assist the student in gaining and utilizing skills necessary to participate in school, such as training in behavior control, social skills, communication skills, appropriate interpersonal behavior, symptom management, activities of daily living, study skills, and coping skills. This service is to prevent the placement of the student into a more restrictive educational situation.

**Public Expense.** When a district or public agency either pays for the full cost of an evaluation or special education services or ensures that it is otherwise provided at no cost to the parent, for example, through joint agreements with other state agencies.

**Reading Components.** The term “reading” means a complex system of deriving meaning from print that requires all of the following skills, which are the essential components of reading instruction:

1. Phonemic awareness: The skills and knowledge to understand how phonemes, or speech sounds are connected to print;
2. Phonics: The ability to decode unfamiliar words;
3. Reading fluency: The ability to read fluently;
4. Vocabulary development: Sufficient background information and vocabulary to foster reading comprehension; and
5. Reading comprehension: The development of appropriate active strategies to construct meaning from print.

**Reasonable Measures.** A combination of recorded written and/or oral documentation to meet notification requirements of the district to parents/adult students.

**Reevaluation.** A periodic evaluation conducted at least every three years, or more frequently if conditions warrant, or if the student’s parent or teacher requests an evaluation of a student already identified as eligible for services under the IDEA 2004. Reevaluations may occur not more than once a year unless the parent and the district agree otherwise.

**Related Services.** Refers to transportation and such developmental, corrective, and other supportive services required to assist a student with a disability to benefit from special education and includes the following, but not limited to: speech therapy, language therapy, audiology services, psychological services, physical therapy, occupational therapy, recreation, therapeutic recreation, early identification and assessment of disabilities in children, counseling services, rehabilitation counseling, orientation and mobility services, interpreting services, medical services for diagnostic or evaluation purposes, school health/nursing services (excluding surgically implanted medical devices), social work services in schools, and parent counseling and training.

**Response to Intervention (RtI).** A formal process for evaluating student response to scientifically research-based interventions, consisting of the core components of (1) problem identification, (2) problem analysis, (3) applying research-based interventions, and (4) progress monitoring/decisions rules.

**Resolution Session.** A preliminary meeting involving the parents, relevant members of the IEP team, and a representative of the district who has decision-making authority, required prior to a due process hearing if the parent has requested the due process hearing.

**School Age.** Includes all persons five years (i.e., turns five years of age on or before September 1) through twenty-one years who reside in Oklahoma.

**School Day.** Any day, including a partial day that students are in attendance at school for instructional purposes. School day has the same meaning for all children in school, including children with and without disabilities.

**School Health Services.** School health services and school nurse services mean health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

**School Psychologist.** A professional who holds an Oklahoma Teaching Certificate with an endorsement in School Psychology and is often Nationally Certified through the National Association of School Psychologists (NASP). They are responsible for conducting assessments, providing direct support and interventions to students, consulting with teaching, families, and other school employed mental health professionals to improve support strategies, working with school administrators to improve school-wide practices and policies, and collaborating with community providers to coordinate needed services.

**School Psychometrist.** A professional who holds an Oklahoma Teaching Certificate with an endorsement in Psychometry and is charged with the responsibility of administering and interpreting both formal and informal diagnostic evaluations for educational program placements and planning purposes.

**Scientifically-Based Research (SBR).** The term scientifically-based research means research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to core academic development, instruction, and difficulties; and includes research that: (a) employs systematic, empirical methods that draw on observation or experiment; (b) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; (c) relies on measurements or observational methods that provide valid data across evaluators and observers and across multiple measurements and observations; and (d) has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

**Screening.** An informal, although organized process of identifying students who are not meeting or who may not be meeting Oklahoma Academic Standards (OAS).

**Secondary School.** The term ‘secondary school’ means a nonprofit institutional day or residential school, including a public secondary charter school, that provides secondary education, as determined under State law, except that it does not include any education beyond grade 12 (34 CFR §300.36).

**Serious Bodily Injury (SBI).** Bodily injury which involves (a) a substantial risk of death; (b) extreme physical pain; (c) protracted and obvious disfigurement; or (d) protracted loss or impairment of the function of bodily member, organ, or mental faculty.

**Setting.** The location where special education services are received.

**Socially Maladjusted.** A child who has a persistent pattern of violating societal norms with truancy, substance abuse, a perpetual struggle with authority, is easily frustrated, impulsive, and manipulative, *Doe v. Board of Education of the State of Connecticut*, (D. Conn. Oct. 24, 1990).

**Special Education.** Specially designed instruction or speech/language therapy at no cost to the parent to meet the unique needs of a student with a disability, including instruction in the classroom, the home, hospitals, institutions, and other settings; instruction in physical education; speech therapy and language therapy; transition services; travel training; assistive technology services; and vocational education.

**Special Education Paraprofessional.** A credentialed individual who is employed by a district and who is appropriately trained and supervised in accordance with State standards to assist in the provision of special education and related services under the general direction and supervision of a certified or licensed professional staff.

**Special Education Placement.** Refers to the provision of special education services, rather than a specific place, such as a specific classroom or school. The balance of setting and services to meet an individual student’s needs.

**Specially Designed Instruction.** Adapting the content, methodology, or delivery of instruction to address the unique needs of an eligible student that result from the student’s disability and to ensure access to the general education curriculum so that the student can meet the education standards of that district that apply to all students. As defined in IDEA, specially designed (tiered) instruction is the unique set of supports provided to an individual student based on his or her learning needs to remove barriers that result from the student’s disability. The supports are reflected in the student’s individual educational plan (IEP) and are infused throughout the student’s learning experiences and environments as described in the IEP.

**Specific Learning Disability (SLD).** An IDEA disability category in which a specific disorder of one or more of the basic psychological processes involved in understanding or in using spoken or written language may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, adversely affecting the student’s educational performance. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include a student who has needs that are primarily the result of visual, hearing, or motor disabilities; cognitive impairment; emotional disturbance; or environmental, cultural, or economic disadvantage.

**Speech or Language Impairment (SLI).** An IDEA disability category that includes articulation/ phonology, voice, and fluency disorders.

**Speech-Language Pathologist Assistant (SLPA).** A professional supervised under a Speech-Language Pathologist. Examples of work performed include, but are not limited to, assisting the SLP with speech, language, and hearing screenings without clinical interpretation and following documented treatment plans or protocols developed by the supervising SLP.

**Speech-Language Pathologist (SLP).** A professional holding an Oklahoma Teaching Certificate who can assess and treat persons with speech, language, voice, and fluency disorders. This professional coordinates with and may be a member of the evaluation and IEP teams.

**Student (School Age).** For resident children with disabilities who qualify for special education and related services under the federal individuals with disabilities education act (IDEA) and subsequent amendments thereto, and applicable State and federal regulations, 'school age' begins at the attainment of age 3 and continues through the age of 21 years.

**Stay Put.** A requirement that a district or agency maintain a student with a disability in his or her present educational placement while a due process hearing or subsequent judicial proceeding is pending unless the parties agree otherwise.

**Summary of Performance (SOP).** A document given to secondary students when a student exits special education as a result of earning a diploma or aging out. This document describes the academic achievement and functional performance along with recommendations to assist the student in meeting postsecondary goals.

**Supplementary Aids and Services.** Accommodations and adaptations that must be made to the general education classroom and/or curriculum to ensure the satisfactory participation of a student with a disability, including supports to the general education teacher.

**Surrogate Parent.** An individual assigned and trained by a district or an agency to assume the rights and responsibilities of a parent under the IDEA 2004 when no parent can be identified or located for a particular student or when the child is a ward of the state.

**Suspension.** A temporary stop, delay, interruption, or cessation of educational services.

**Teacher of Record (TOR).** A special education teacher assigned to oversee the educational programming of students with disabilities with regard to his/her area of certification.

**Transition Services.** A coordinated set of activities for a student with a disability designed within an outcome-oriented process. Services are based on individual student needs addressing instruction, related services, community experiences, employment, post school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

**Traumatic Brain Injury (TBI).** An IDEA disability category that refers to an injury to the brain caused by an external physical force and resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perception and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to congenital or degenerative brain injuries or to brain injuries induced by birth trauma.

**Travel Training.** Providing instruction to children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to enable them to: (i) Develop an awareness of the environment in which they live and (ii) Learn the skills necessary to move effectively and safely from place to place within that environment (e.g., orientation and mobility).

**Twice Exceptional.** Twice-exceptional students are identified as gifted and talented in one or more areas of exceptionality (specific academics, general intellectual ability, creativity, leadership, visual or performing arts) and also identified with a disability that qualifies the student for an IEP or a 504 plan.





**Unilateral Placement.** A decision by a parent, at his or her own discretion, to remove his or her child with a disability from a public school and enroll the student in a private facility because the parent believes that the district did not provide FAPE in a timely manner.

**Universal Design.** A concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly usable (without requiring assistive technologies) and products and services made usable with assistive technologies.

**Visual Impairment (VI), including blindness.** An IDEA disability category characterized by an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes partial sight, which refers to the ability to use vision as one channel of learning if educational materials are adapted, and blindness, which refers to the prohibition of vision as a channel of learning, regardless of the adaptation of materials.

**Written Notice.** A written statement provided by the district to a parent/adult student within a reasonable amount of time proposing or refusing to initiate or change the identification, evaluation, educational placement, or the provision of FAPE.